

OPERATOR AERIAL LIFT EQUIPMENT - DAILY INSPECTION CHECKLIST

 Employer/Production: _____
 Operator: _____
 Lift Type: _____
 Date: _____

 Location: _____
 Supervisor: _____
 Make & Model: _____
 Time: _____

OPERATOR

Pass / Fail / NA

| | |
|--|--|
| Valid Certificate for type of lift required | |
| Read & understand the operator's manual & reference as necessary | |
| Not under the influence of alcohol or any legal or illegal drug that would affect their ability to operate the equipment | |
| Written rescue plan submitted to supervisor & communicated to all necessary personnel | |
| Proper clothes & safety equipment available & in use | |
| Harness & lanyards inspected & used per manufacturer's instructions | |

POWER OFF CHECKS

Pass / Fail / NA

| | |
|---|--|
| Lift inspection tag date less than 3-month old | |
| All warnings & safety decals are visible | |
| Wheels & Tires | |
| Lights / Strobes | |
| Belts / Hoses / Cables / Wires | |
| Battery - charge, terminals | |
| Hydraulic cylinders / rods / hoses / lines / fittings | |
| Hydraulic oil | |
| Engine coolant, Engine oil | |
| Fuel / battery | |
| Counterweight / counterweight bolts | |
| Cover panels | |
| Under platform - leaks, debris | |
| Accessory plugs & cables | |
| Boom lift / arms | |
| Powertrack - lines / hoses | |
| Safety bar / turret lock functional | |
| Platform - guardrails, toe board, anchorages, gate | |
| Platform is loaded correctly | |

GENERAL

Pass / Fail / NA

| | |
|---|--|
| The lift equipment is suitable for the job task as outlined by the manufacturer | |
| Basket free of trip hazards | |

POWER ON CHECKS

Pass / Fail / NA

| | |
|--|--|
| Unit starts & runs properly | |
| All ground controls for proper operation, including emergency lowering means | |
| All basket controls, foot switch, horn | |
| Boom / Jib / Lift arms - raise, lower, extend, retract | |
| Turret rotate | |
| Drive - forward, reverse | |
| Steer - left, right | |
| Platform - tilt, rotate, extend | |
| Stability enhancing devices | |
| Function-enable (deadman) devices | |
| Safety interlocks | |
| Braking - stops & holds | |

WORKPLACE / ENVIRONMENT INSPECTION

Pass / Fail / NA

| | |
|--|--|
| Work surface is graded to handle lift & free of drop-offs | |
| Area inspected for dangers (wires, underground cavities, holes, slopes) | |
| Proper barricades to control pedestrian & vehicle traffic in work zone | |
| No overhead obstructions | |
| No debris, floor obstructions, cords, construction material & supplies | |
| No environmental hazards (wind, visibility, storms, lightning, snow, cold, ice, water, etc.) | |
| Coworkers warned of lift operations | |
| Ground spotter available, if necessary (when working around hydro wires or other dangers) | |
| Personnel weight + equipment weight = Total weight (less than max allowable) | |
| Equipment inspected per visual & operational checks & operator's manual | |

Notes: _____

Safety Contact Name: _____ Phone Number: _____

Operator Signature: _____

By signing, you are confirming that based on your visual inspection that the machine is suitable for use. Failure to comply may result in injury or death. You may also be subject to charges and fines under the Occupational Health & Safety Act or criminal charges in accordance with Bill C-45.