



Mobile Elevating Work Platform Pre-use Inspection Checklist													
Operator:					Make & Model:								
Company:					Hour Meter Reading:								
Location:					Date: MM/DD/YYYY			Unit No.:					
POWER OFF CHECKS				Status			POWER ON CHECKS				Status		
				OK	NO	N/A					OK	NO	N/A
1) Wheels and Tires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Unit starts and runs properly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lights/Strobes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Instruments/Gauges				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Mirrors/Visibility aids				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Warning lights/audible alarms				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Engine/Engine compartment:							24) Fuel/Charge level				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Belts/Hoses				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Horn/audible warning device(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cables/Wires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26) Function controls:						
c) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Boom/Jib/Lift Arms – raise/lower/extend/retract				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Battery/Batteries:							b) Turret rotate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Terminals tight				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Drive – forward/reverse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Clean/Dry/Secure				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Steer – left/right				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Hydraulics:							e) Platform – tilt/rotate/extend				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cylinders/Rods				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f) Stability enhancing devices				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hoses/Lines/Fittings				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Function-enable (deadman) devices				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Fluids:							27) Emergency/auxiliary controls				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Engine oil Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) Safety interlocks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Engine coolant Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) Braking – stops & holds				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hydraulic oil Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Fuel/Battery Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL				OK	NO	N/A
8) Data/Capacity plate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Housekeeping				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Verify equipment inspections are current				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Manufacturer's operating manuals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Counterweight/Counterweight bolt(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Decals/Warnings/Placards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Cover panels				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Misc. parts – loose/missing/broken				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Boom valley/under platform – leaks/debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORKPLACE INSPECTION				OK	NO	N/A
13) Accessory plugs and cables				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Drop-offs or holes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Boom/lift arms – general condition/wear				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36) Bumps and floor/ground obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Power track – lines/hoses				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Safety prop functional				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38) Overhead obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Platform – guardrails/toe board/anchorage/gate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39) Energized power lines				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Weather-resistant storage compartment/manuals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40) Hazardous locations				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Control markings				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41) Ground surface and support conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42) Pedestrian/vehicle traffic				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43) Wind and weather conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44) Other possible hazards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report any problems found to your supervisor/employer. ALWAYS lock/tag-out unsafe equipment.													
Comments													
Operator's initials:													
Alternative operator's initials:													