



Mobile Elevating Work Platform Pre-use Inspection Checklist													
<b>Operator:</b>					<b>Make &amp; Model:</b>								
<b>Company:</b>					<b>Hour Meter Reading:</b>								
<b>Location:</b>					<b>Date:</b> MM/DD/YYYY			<b>Unit No.:</b>					
POWER OFF CHECKS				Status			POWER ON CHECKS				Status		
				OK	NO	N/A					OK	NO	N/A
1) Wheels/Tires/Tracks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Unit starts & runs properly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lights/Strobes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Instruments/System warning indicators				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Engine/Battery:							20) Fuel/Charge level				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cover panel(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Audible/Visual warning devices				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Function controls:						
c) Belts/Hoses				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Drive				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Air filter indicator				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Steering				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Wires/Cables/Terminals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Braking				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Battery-Batteries clean/dry/secure				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Platform				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Fluids:							e) Turret rotate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Engine oil                      Level      Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f) Boom/Jib/Lift arms				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Engine coolant                      Level      Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Accessories/Optional equipment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hydraulic oil                      Level      Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h) Function-enable (deadman) devices				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Fuel/Battery                      Level      Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Emergency/Auxiliary controls				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Hydraulics:							24) Safety interlocks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cylinders/Rods/Pin locks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hoses/Lines/Fittings				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL				OK	NO	N/A
6) Data/Capacity plate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26) Housekeeping				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Verify equipment inspections are current				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Manufacturer's operating manuals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Counterweight/Counterweight bolt(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) Decals/Warnings/Placards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Accessory plugs & cables				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) Control markings				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Boom/Lift arms/Extending structure				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Personal Protective Equipment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Power track				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORKPLACE INSPECTION				OK	NO	N/A
12) Safety prop				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Drop-offs or holes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Platform/Guardrails/Anchor points				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Bumps & floor/Ground obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Weather-resistant storage compartment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) OEM approved attachments				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Overhead obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Fire extinguisher(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Energized power lines				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36) Hazardous locations				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37) Ground/Surface & support conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38) Pedestrian/Vehicle traffic				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39) Weather conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40) Other possible hazards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Report any problems found to your supervisor/employer. ALWAYS lock/tag-out unsafe equipment.</b>													
Comments													
Additional inspections by (PRINT NAME):													