

DAILY AERIAL LIFT INSPECTION CHECKLIST

LIFT NO./MAKE/MODEL: _____ INSPECTOR: _____

JOB: _____ WEEK BEGINNING: _____

Instruction:

Each aerial lift will be operationally tested and visually inspected each day. The designated inspector will place a (√) in the appropriate box when an item passes inspection. Leave the box empty and note a brief description of any problem. Immediately notify the Foreman of any aerial lift deficiencies. The Foremen will forward this inspection form to the Main Office each week with weekly paperwork.

Operating Controls <i>(Operational)</i>	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Maintenance Needed
Emergency Stop & Brakes								
Base Operation Controls								
Basket Operation Controls								
Foot Controls (if applicable)								
Safety Signs (Readable)								
Boom								
Hydraulic Leaks								
Extension Chain & Pivot Pins								
Electrical Lines								
Basket Cage and Gate								
Anchorage Points								
Base <i>(Visual)</i>								
Broken, Cracked or Loose Parts								
Leaks								
Electrical								
Tires & Outriggers								
Back Up Alarm & Manual								
Engine Compartment <i>(Visual)</i>								
Oil Level								
Fuel Level								
Belt, Hose & Motor Condition								
Battery & Electrical								

Additional Notes: _____

Foreman Signature: _____ Date: _____