

University of Northern Colorado

Aerial Lift Pre-Use Inspection Checklist

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|---|-------|------------------------------|
| Operator: | Date: | Aerial or Scissor Lift ID #: |
| Unit Type: <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Articulating Boom | | Location / Building: |
| <input type="checkbox"/> Man Lift <input type="checkbox"/> Other _____ | | Department: |

| 1. Safety Precautions | Status OK NO NA | 2. Check Operations | Status OK NO NA |
|--|--|--------------------------------|--|
| Windy Conditions – less than 20 to 25 MPH (Less than manufacturer guidelines) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Horn | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Personal Protective Equipment | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Gauge | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Pedestrian / Traffic – Barriers, Tape, Signs | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Brakes | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Wheel Chock and/or Brakes | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Lights | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Working Surface – Level | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Steering | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Power Lines or Electrical Source | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Attachments or Accessories | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Load Limits | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Backup Alarm or Warning Buzzer | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Outriggers | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Warning Lights | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| 3. Vehicle Inspections | Status OK NO NA | 4. Platform Lift Inspection | Status OK NO NA |
|---|--|---|--|
| Oil Level | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Lift and Travel Controls and Switches | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Hydraulic Oil Level | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Placards, Decals, and Control ID labels | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Fuel Level | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Handrails, Guardrails, and Safety Chains | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Check the Lift and Surrounding Area for Leaks | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Platform Deck and Toeboards | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Coolant Level | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Tire Pressure and Conditions of Wheels and Tires | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| Batter and Charger | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| Ground Control Switches | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| Other _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |

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| Comments: |
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| Operator's Signature: |
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IF THE AERIAL LIFT FAILS ANY PART OF THIS INSPECTION, REMOVE THE KEY AND REPORT THE PROBLEM TO YOUR SUPERVISOR. DO NOT ATTEMPT TO MAKE REPAIRS UNLESS YOU ARE A TRAINED AND AUTHORIZED SERVICE PERSON.