



| Pre-use Inspection: Mobile Elevating Work Platforms   |  |  |  |                          |                          |                          |   |               |  |                          |                          |                          |
|---|--|--|--|--------------------------|--------------------------|--------------------------|---|---------------|--|--------------------------|--------------------------|--------------------------|
| <b>Operator:</b> PRINT NAME   |  |  |  |                          | <b>Date:</b> MM/DD/YYYY  |                          |   | <b>Shift:</b> |  |                          |                          |                          |
| <b>Unit Make/Model/No.:</b>   |  |  |  |                          |                          |                          |   |               |  |                          |                          |                          |
| POWER OFF CHECKS  |  |  |  | OK                       | AR                       | NA                       | POWER ON CHECKS                           |               |  | OK                       | AR                       | NA                       |
| 1) Wheels/Tires/Tracks  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20) 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"/> | 21) Instruments/System warning indicators |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Engine/Battery:  |  |  |  |                          |                          |                          | 22) 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"/> | 23) Audible/Visual warning devices        |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Debris   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24) Function controls:                    |               |  |                          |                          |                          |
| c) Belts/Hoses  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a) Control markings                       |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Air filter indicator   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) Drive                                  |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Wires/Cables/Terminals   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) Steering                               |               |  | <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) Braking                                |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Fluids:  |  |  |  |                          |                          |                          | e) Work platform                          |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Engine oil                   Level    Leaks  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) Slewing (turret rotate)                |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Engine coolant           Level    Leaks  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g) Boom/Jib/Lift arms                     |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Hydraulic oil            Level    Leaks  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h) Accessories/Optional equipment         |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Fuel/Battery            Level    Leaks   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i) Function-enable (deadman) devices      |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Hydraulics:  |  |  |  |                          |                          |                          | 25) Emergency/Auxiliary controls          |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Cylinders/Rods/Pin locks   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26) Safety interlocks                     |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Hoses/Lines/Fittings   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27) Other:                                |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Capacity decal/plate   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Applicable inspection notices  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WORKSITE INSPECTION                       |               |  | OK                       | AR                       | NA                       |
| 8) Counterweight/Counterweight bolt(s)  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28) Drop-offs or holes                    |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Accessory plugs & cables   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29) Bumps & floor/Ground obstructions     |               |  | <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) Debris                                |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Power track   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31) Overhead obstructions                 |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Safety prop   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32) Electrical conductors                 |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Work platform/Guardrails/Anchor points  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33) Hazardous locations                   |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) OEM/Approved options/accessories  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34) Slopes                                |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Manufacturer's operation manuals  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35) Ground/Surface & support conditions   |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Decals/Plates/Markings  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36) Pedestrian/Vehicle traffic            |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Personal protective equipment (as required)   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37) Weather conditions                    |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Housekeeping  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38) Other possible hazards                |               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Other:  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |               |  | <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> |  |  |  |                          |                          |                          |   |               |  |                          |                          |                          |
| <b>NOTES</b>  |  |  |  |                          |                          |                          |   |               |  |                          |                          |                          |
| <b>ADDITIONAL INSPECTIONS</b>   |  |  |  |                          |                          |                          |   |               |  |                          |                          |                          |
| Operator  |  |  |  | Confirm                  |                          | Notes                    |   |               |  |                          |                          |                          |
| PRINT NAME  |  |  |  | Yes / No                 |                          |                          |   |               |  |                          |                          |                          |
| PRINT NAME  |  |  |  | Yes / No                 |                          |                          |   |               |  |                          |                          |                          |
| PRINT NAME  |  |  |  | Yes / No                 |                          |                          |   |               |  |                          |                          |                          |
| PRINT NAME  |  |  |  | Yes / No                 |                          |                          |   |               |  |                          |                          |                          |