



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"/>	19) 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"/>	20) Instruments/System warning indicators				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Mirrors/Visibility aids				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Fuel/Charge level				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Engine/Battery:							22) Horn/Audible warning devices				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cover panel(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Function controls:						
b) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Drive				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Belts/Hoses				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Steering				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Air filter indicator				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Braking				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Wires/Cables/Terminals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Platform				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Battery-Batteries clean/dry/secure				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Turret rotate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Fluids:							f) Boom/Jib/Lift arms				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Engine oil           Level    Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Accessories/Optional equipment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Engine coolant       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"/>
c) Hydraulic oil        Level    Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24) Emergency/Auxiliary controls				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Fuel/Battery         Level    Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Safety interlocks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Hydraulics:							26) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cylinders/Rods/Pin locks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<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
7) Data/Capacity plate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Housekeeping				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Required inspections current				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) Manufacturer's operating manuals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Counterweight/Counterweight bolt(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) Decals/Warnings/Placards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Accessory plugs & cables				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Control markings				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Boom/Lift arms				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORKPLACE INSPECTION				OK	NO	N/A
12) Power track				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Drop-offs or holes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Safety prop				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Bumps & floor/ground obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Platform/Anchor points				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Weather-resistant storage compartment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Overhead obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) OEM approved attachments				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Energized power lines				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Fire extinguisher(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36) Hazardous locations				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Other:				<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):													