



Pre-use Inspection: Mobile Elevating Work Platforms

Operator: PRINT NAME **Date:** _____ **Shift:** _____

Unit Make/Model/No.: _____

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"/>

Report any problems found to your supervisor/employer. ALWAYS lock/tag-out unsafe equipment.

NOTES

ADDITIONAL INSPECTIONS

Operator	Confirm	Notes
PRINT NAME	Yes / No	
PRINT NAME	Yes / No	
PRINT NAME	Yes / No	
PRINT NAME	Yes / No	