 **Articulating Boom Lift Pre-Operation Inspection**

Operator/Evaluator:

Lift MFG: Model: Serial Number:

Date: Start Time: AM / PM (circle one)

**WEAR FALL PROTECTION WHEN USING THIS LIFT**

**Instructions:** Operator must check off each item as having been checked “OK” and safe to use during daily inspection prior to operation. See the reverse side of this page and complete the Work Site Evaluation for every new location.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **KEY OFF Procedures** | | | **Pass** | **Fail** | **N/A** |
| Check that the operator’s manual, decals are in place and legible, and the operator has reviewed the manual and is aware of its  limitations | | |  |  |  |
| Check Hydraulic cylinders/Lifting mechanism/Fluid level | | |  |  |  |
| Check welds, pins, missing nuts or bolts and other structural parts for cracks or defects | | |  |  |  |
| Check drive hubs, engine for oil leaks | | |  |  |  |
| Check platform entry mid-rail/gate, and platform or basket housekeeping | | |  |  |  |
| Examine the battery & fire extinguisher | | |  |  |  |
| Check fuel level to assure that the unit can operate the duration of the job | | |  |  |  |
| Operator is responsible for inspecting all fall protection and insure that all fall protection is being worn and attached properly | | |  |  |  |
| Tires/Rollers/Monitor tire air pressure if pneumatic  (Front Right psi, Front Left \_psi, Right Rear psi, Left Rear \_psi) | | |  |  |  |
| **KEY ON Procedures** | | | **Pass** | **Fail** | **N/A** |
| Check all ground controls for proper operation, including emergency lowering means (remember, these could save your life) | | |  |  |  |
| Check all basket controls, foot switch, horn for proper operation | | |  |  |  |
| Battery discharge indicator, Hour meter | | |  |  |  |
| Steering and drive system | | |  |  |  |
| Check limit switches, alarms, and flashing beacon if equipped (operating the lift by raising/swing/extending booms, tilt/rotate the  basket) | | |  |  |  |
| Check outriggers for proper operation if equipped | | |  |  |  |
| Starting Hour Meter Reading:  Hours | Operator’s Name: (Printed / Signature)  / | Operator’s Employee ID: | | | |