**Equipment Inventory List**

**Lift Equipment Inventory List for Department.**

**Instructions:** An initial inventory of Industrial Lift Equipment owned/operated by each department must be conducted to identify all equipment impacted by this program. This must be done by physical inspection. At SSU this survey may be conducted by a Responsible Person in a department, the department’s DSC, or their designee, and documented on this form. Update this inventory list as equipment is purchased or retired from service, and at least annually.

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| **MFGR** | **Type** | **Power Source** | **Model/Serial Number** | **Max Lift Capacity** | **Location** | **PPE/Uses** |
| *Example: Genie* | *Scissor Lift* | *Electrical/AC-DC* | *Model: GS-1530 S/N: XXXXXX* | *600lbs* | *Central Plant* | *Full body harness & SRL required* |
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