



FIRE - SECURITY



Mobile Elevating Work Platform Pre-use Inspection Checklist

Operator: _____ Make & Model: _____

Company: _____ Hour Meter Reading: _____

Location: _____ Date: MM/DD/YYYY _____ Unit No.: _____

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"/>	18) 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"/>	19) Instruments/System warning indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Engine/Battery:				20) 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"/>	21) Audible/Visual warning devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Function controls:			
c) Belts/Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Air filter indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Wires/Cables/Terminals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Braking	<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) Work platform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Fluids:				e) Slewing (turret rotate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Engine oil Level Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f) Boom/Jib/Lift arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Engine coolant Level Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Accessories/Optional equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hydraulic oil 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"/>
d) Fuel/Battery Level Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Emergency/Auxiliary controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Hydraulics:				24) Safety interlocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cylinders/Rods/Pin locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL	OK	NO	N/A
b) Hoses/Lines/Fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Data/Capacity plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26) Manufacturer's operation manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Verify equipment inspections are current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Decals/Signs/Inspection notices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Counterweight/Counterweight bolt(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) Control markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Accessory plugs & cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Boom/Lift arms/Extending structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORKPLACE INSPECTION	OK	NO	N/A
11) Power track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Drop-offs or holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Safety prop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Bumps & floor/Ground obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Work platform/Guardrails/Anchor points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Weather-resistant storage compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Overhead obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) OEM approved attachments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Electrical conductors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Fire extinguisher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Hazardous locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36) Slopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>

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

Comments _____

Additional inspections by (PRINT NAME): _____
