



Mobile Elevated Work Platform (MEWP) authorization

VSC employees are only allowed to operate MEWP provided by general industry clients. For example, manufacturing, warehousing, retail, health care, schools, industrial operations, distribution facilities, corporate business & administrative locations.

Name of Client : \_\_\_\_\_

Signature of Client representative & title authorizing use of MEWP:

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Date: \_\_\_\_\_

Equipment. MEWP type & group \_\_\_\_\_  
e.g., Scissor lift is type 3 group A. Boom lift basket is type 3 group B.

Does operator's certification match the equipment? \_\_\_\_\_

Has a documented inspection & functional test of MEWP been completed by VSC operator? \_\_\_\_\_

Are there any unsafe conditions or deficiencies disqualifying MEWP for use? \_\_\_\_\_  
**DO NOT USE MEWP if inspection reveals damage or any condition disqualifying the MEWP for use.**

Was damage or unsafe condition reported to client ? \_\_\_\_\_  
*immediately notify client via written communication (example Email or Text) and retain the document.*

**MEWP use and site conditions.**

- Inspect work zone areas for any unsafe conditions and post a spotter or set up proper barricade as needed to avoid contact with clients' employees, customers, or residents.
- Do not allow unqualified VSC employees to operate MEWP.
- Operation of MEWP must comply with all safety polices.
- Any accident or damage to MEWP must be investigated and documented.

Date MEWP returned to client: \_\_\_\_\_

Was there any damage to MEWP or operational failure while in use? \_\_\_\_\_

Signature of VSC Operator receiving MEWP: \_\_\_\_\_

Signature of client representative acknowledgement of MEWP returned in condition as received:

\_\_\_\_\_ Date: \_\_\_\_\_