

Aerial Lift Daily Inspection Checklist

Operator: _____ Date: _____

Lift Type: _____ Model #: _____ Equipment ID: _____

Location: _____ Project Name: _____ Project #: _____

Description of Work: _____

The following items must be checked daily, prior to use. If not applicable, check N/A. List corrective actions taken.

CHECK		CORRECTION	
JOBSITE			
1	Operator and occupants trained in AERIAL LIFTS and FALL PROTECTION?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
2	Lift platform will safely reach the work area (preventing over-reaching)?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
3	Pedestrian traffic is safely diverted with barricades, traffic control, cones, signage, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
4	Public roadways are managed with spotters, signal persons, cones, signage, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
5	Other moving equipment in the work area managed with barricades, traffic control, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
6	Surface and soil conditions where the lift will be operated are strong enough to withstand load forces imposed by the aerial platform in all operating configurations?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
7	Ramps and other sloped surfaces are properly cribbed to ensure vehicle's stability?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
8	Work area and driving path free of drop-offs or holes, including those concealed by water, ice, mud, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
9	Crew performing good housekeeping by picking up debris before, during, and after work?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
10	Work area floor and driving path free of bumps or obstructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
11	Overhead obstructions and crushing hazards are identified (piping, sprinklers, beams, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
12	Path of boom and platform at least 10 feet from power lines, high voltage conductors, or any other dangerous obstacles?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
13	Hazardous atmosphere conditions are identified (dust, heat, fumes, flammables, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
14	Wind and weather conditions are within acceptable limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
15	Sufficient ventilation is provided in closed areas where ventilation, or poor vehicle maintenance, could cause a buildup of carbon monoxide or diesel exhaust?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
16	Other potential hazardous conditions are identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
LIFT COMPONENTS			
17	Fluid levels (oil, fuel, brake, hydraulic, coolant) are sufficient?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
18	No signs of fluid leaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
19	Ground controls and Lift controls functioning?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
20	Vehicle brakes functioning?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
21	Vehicle operating lights and warning lights functioning?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
22	Vehicle audible alarms functioning (level sensor, reverse, horn)?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
23	Outriggers functioning?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
24	Tires are in good condition (no cuts or gouges, proper air pressure)?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
25	No loose, missing, or damaged parts?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
26	No loose, tangled, or pinched cables, rope, hoses, or wires?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
27	Operator & Safety Manuals are properly stored in lift at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
28	All placards, labels, panel signs, etc. are legible?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
29	Wheel chocks present?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
30	PPE available (hardhat, gloves, fall protection, safety shoes, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Refer to Operator/Safety Manual for lift requirements and best practices.			

Please retain this form for one year for review by FM-Occupational Health and Safety.