

Facilities Management
 Occupational Health and Safety

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. Circle the appropriate choice. If "no," corrective action must be taken before using aerial lift.

Jobsite Inspection				
1	Operator and occupants received Aerial Lift Training and Fall Protection Training?	yes	no	n/a
2	Lift platform will safely reach the work area (preventing over-reaching)?	yes	no	n/a
3	Pedestrian traffic is safely diverted with barricades, traffic control, cones, signage, etc.?	yes	no	n/a
4	Public roadways are managed with spotters, signal persons, cones, signage, etc.?	yes	no	n/a
5	Other moving equipment in the work area managed with barricades, traffic control, etc.?	yes	no	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?	yes	no	n/a
7	Ramps and other sloped surfaces are properly cribbed to ensure vehicle's stability?	yes	no	n/a
8	Work area and driving path free of drop-offs or holes, including those concealed by water, ice, mud, etc.?	yes	no	n/a
9	Crew performing good housekeeping by picking up debris before, during, and after work?	yes	no	n/a
10	Work area floor and driving path free of bumps or obstructions?	yes	no	n/a
11	Overhead obstructions and crushing hazards are identified (piping, sprinklers, beams, etc.)?	yes	no	n/a
12	Path of boom and platform at least 10 feet from power lines, high voltage conductors, or any other dangerous obstacles?	yes	no	n/a
13	Hazardous atmosphere conditions are identified (dust, heat, fumes, flammables, etc.)?	yes	no	n/a
14	Wind and weather conditions are within acceptable limits?	yes	no	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?	yes	no	n/a
16	Other potential hazardous conditions are identified?	yes	no	n/a
Aerial Lift Inspection				
17	Fluid levels (oil, fuel, brake, hydraulic, coolant) are sufficient?	yes	no	n/a
18	No signs of fluid leaks?	yes	no	n/a
19	Ground controls and Lift controls functioning?	yes	no	n/a
20	Vehicle brakes functioning?	yes	no	n/a
21	Vehicle operating lights and warning lights functioning?	yes	no	n/a
22	Vehicle audible alarms functioning (level sensor, reverse, horn)?	yes	no	n/a
23	Outriggers functioning?	yes	no	n/a
24	Tires are in good condition (no cuts or gouges, proper air pressure)?	yes	no	n/a
25	No loose, missing, or damaged parts?	yes	no	n/a
26	No loose, tangled, or pinched cables, rope, hoses, or wires?	yes	no	n/a
27	Operator & Safety Manuals are properly stored in lift platform at all times?	yes	no	n/a
28	All placards, labels, panel signs, etc. are legible?	yes	no	n/a
29	Wheel chocks present?	yes	no	n/a
30	PPE available (hardhat, gloves, fall protection, safety shoes, etc.)?	yes	no	n/a
<i>Additional Comments:</i>				

Refer to Operator/Safety Manual for lift requirements and best practices.