

AERIAL/SCISSOR LIFT PRE-OPERATIONAL INSPECTION FORM

Date: ____/____/____

Shift: _____

Operator: _____

Date of last annual/code inspection: ____/____/____
 Manufacturer: _____
 Name: _____
 Signature: _____
 Badge #: _____
 Model: _____
 Serial#/ID#: _____
 Location: _____

ITEM	CRITERIA ²	ACCEPTABLE? ¹	REMARKS
General appearance	No obvious damage. (i.e., bent, cracked, damaged structural items or FP anchorage)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Emergency equipment	Fire extinguisher (if available/required) is charged (gauge in green area) and secured.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Tires	No cuts (especially sidewalls), bulges, or nails. Tires appear inflated for equal pressure (based on visual inspection). Wheel nuts visibly tight and none missing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Fuel/Water/Oil/Hydraulic lines	No frayed or worn spots on lines or hoses. Fittings tight (no leaks).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Battery—main and auxiliary	Visual inspection of condition only. Check gauge if available. Battery secured.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Engine and hydraulic oil level	Oil level between “add” and “full” lines on stick or gauge.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Engine fuel level	Gauge level registers at least minimum level sufficient for job.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Engine start up (Ground and Platform controls)	Engine starts when ignition key is actuated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
A. System response	All temperature/pressure gauges indicate normal engine response.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
B. Engine sounds	No unusual sounds.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Lights (Work and Warning)	Illuminate when operated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Foot switch/pedal	No binding or excessive free play.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Control levers (Ground and Platform controls)	No binding or excessive free play. Ground controls override platform controls.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
A. Steering	Operates properly. No excessive free play.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
B. Brakes	Operates properly (swing and drive). No excessive drift.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Horns and travel alarm	Sound when actuated. Bi-directional.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Capacity limits and safety system	Load capacity limits are visible in platform and safety system alarms.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Stabilizer outriggers/axles	Fully extends and retracts. No obvious damage.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Platform and Door	No obvious damage. Guardrails and Toeboards in place. Anchorage Points.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Auxiliary power/emergency take down system	Lowers or retracts boom in a safe manner with main power switch on and emergency system on.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Boom/Scissors Arms	If available, extends and retracts (fully extend if possible). No obvious damage.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Emergency Stops (e-stop)	Shuts down platform controls.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Decals and Labels	Present. Visible. Able to be read and understood.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Operator's Manual(s)	Available and stored on the mobile unit.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Other	Any item that may affect safe operation of the equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Supervisor Approving Inspection: (name) _____ (signature) _____		(badge #) _____	

¹ Yes = satisfactory. No = unsatisfactory (e.g., damaged, absent, or inoperable). N/A = not applicable.