

AERIAL/SCISSOR LIFT Platform Weight Evaluation Form

Platform Weight Evaluation Form is to be completed to include anticipated weight of the platform contents (i.e., different operator(s), weight of tools or approved material to be carried in/on the lift)

Date: _____

Serial Number: _____

Maximum Platform Capacity (lbs.) per Manufacturer: _____

Estimated Operator(s) Weight (lbs.): _____

Estimated Tool Weight (lbs.): _____

Other Manufacturer Approved Item (i.e. Transite Panels) Weight (lbs.): _____

Estimated Total Platform Weight: _____

Description of Work Activity:

Maximum Platform Capacity (lbs.) must be greater than the Estimated Total Platform Weight for the lift to be used.

Calculation by: _____