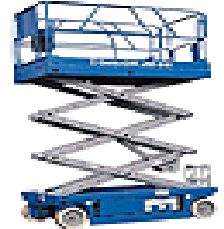


Operator/Evaluator: _____
 Lift MFG: _____ Model: _____ Serial Number: _____
 Date: _____ Start Time: _____ AM / PM (circle one)



WEARING FALL PROTECTION IS OPTIONAL BUT RECOMMENDED

Instructions: Operator must check off each item as having been checked “OK” and safe to use during daily inspection prior to operation. See the reverse side of this page and complete the Work Site Evaluation for every new location

	Pass	Fail	N/A
KEY OFF Procedures			
Check that the operator’s manual, decals are in place and legible, and the operator has reviewed the manual and is aware of its limitations			
Check Hydraulic cylinders/Lifting mechanism/Fluid level			
Check welds, pins, missing nuts or bolts and other structural parts for cracks or defects			
Check outriggers, outrigger limiting switches, and locking pins			
Check platform entry mid-rail/gate, and platform or basket housekeeping			
Examine the battery & fire extinguisher			
Check battery level to assure that the unit can operate the duration of the job			
Operator is responsible for inspecting all fall protection and insure that all fall protection is being worn and attached properly			
Tires/Rollers/Monitor tire air pressure if pneumatic (Front Right ____psi, Front Left ____psi, Right Rear ____psi, Left Rear ____psi)			
	Pass	Fail	N/A
KEY ON Procedures			
Check all ground controls for proper operation, including emergency lowering means (remember, these could save your life)			
Check all basket controls, foot switch, horn for proper operation			
Battery discharge indicator, Hour meter			
Steering and drive system			
Check limit switches, alarms, and flashing beacon if equipped (operating the lift by raising/swing/extending booms, tilt/rotate the basket)			
Starting Hour Meter Reading: _____ Hours			
Operator’s Name: (Printed / Signature) _____ / _____		Operator’s Employee ID: _____	