

PRE-SHIFT LIFT INSPECTION REPORT

OPERATOR'S Lift Evaluation Form

DATE: _____ VENUE: _____ TIME: _____

OPERATOR'S NAME: _____

EQUIPMENT ID #: _____ Model: _____

EQUIPMENT OWNER: _____ PHONE: _____

OPERATION DURING (circle): LOAD IN / RUNNING / SHOWCALL / LOAD OUT

Pre-Shift Manlift Inspection: Before the aerial work platform (AWP) or boom lift is operated, the vehicle shall be inspected visually and run through functional tests including, but not limited to the following:

Inspection Check List	Okay?	Remarks
1. "Operating" and "emergency" controls	YES / NO	_____
2. Safety devices	YES / NO	_____
3. Personal protection devices, including fall protection	YES / NO	_____
List devices: _____		
4. Air and hydrolic system(s) leaks	YES / NO	_____
5. Fuel system(s) leaks	YES / NO	_____
6. Cables and wiring harness	YES / NO	_____
7. Loose or missing parts	YES / NO	_____
8. Tires and wheels	YES / NO	_____
9. Placards, warnings, control markings and operating manual(s)	YES / NO	_____
10. Outriggers, stabilizers, extendible axles, and other supportive structures	YES / NO	_____
11. Guard rail system integrety	YES / NO	_____
12. Items specified by manufacturer	YES / NO	_____

ANY PROBLEMS OR MALFUNCTIONS THAT AFFECT THE SAFETY OF OPERATIONS SHALL BE REPORTED AND REPAIRED PRIOR TO COMMENCING AWP OR BOOM OPERATIONS.

Operator

Remarks: _____