

OPERATOR'S Venue Evaluation Form

DATE: _____ Venue: _____

OPERATOR'S NAME: _____

Circle: LOAD IN / RUNNING / LOAD OUT TIME: _____

Pre-Shift Venue Inspection: Before the aerial work platform (AWP) or boom lift is operated, the operator shall evaluate the venue area of lift operation for possible hazards, such as, but not limited to:

| Pre-Shift Check List | Applies? | Remarks |
|--|----------|---------|
| 1. Drop-offs or holes | Yes / NO | _____ |
| 2. Bumps or floor obstructions | YES / NO | _____ |
| List Floor Obstructions: | | _____ |
| | | _____ |
| | | _____ |
| 3. Debris | YES / NO | _____ |
| List current and potential debris: | | _____ |
| | | _____ |
| | | _____ |
| 4. Overhead obstructions: | YES / NO | _____ |
| 5. High voltage conductors: | YES / NO | _____ |
| 6. Inadequate surface and support to withstand ALL load forces imposed by the AWP or Boomlift in ALL operating configurations: | YES / NO | _____ |
| 7. Wind and weather conditions | YES / NO | _____ |
| 8. Presence of unauthorized persons | YES / NO | _____ |
| 9. Other possible unsafe conditions, list: | | _____ |
| | | _____ |
| | | _____ |

ANY PROBLEMS OR HAZARDOUS CONDITIONS THAT AFFECT THE SAFETY OF OPERATIONS SHALL BE REPORTED AND CORRECTED PRIOR TO COMMENCING AWP OR BOOM OPERATIONS.

Remarks: _____

Operator