## Aerial Lift Pre-Start and Work Zone Inspection Checklist

Is a guardrail system in place and free of damage?

| This checklist should be completed prior to each work shift.                                      |                |
|---|----------------|
| Name of Person Conducting the Inspection  | Date Completed |
| Employer Name   |                |
| Title of Inspector  |                |
| Time Inspection Completed   | Aerial Lift #  |
| Vehicle Components  |                |
| Question  | Result         |
| Are fluids at proper levels? (Oil, hydraulic, fuel, coolant)                                      |                |
| Are there any fluid Leaks?  |                |
| Are wheels and tires in proper working condition?   |                |
| Are the battery and charger in working condition?   |                |
| Are all lower-level controls fully operational?   |                |
| Are the horn, gauges, lights and backup alarms fully operational?                                 |                |
| Are steering and brakes fully operational?  |                |
| Lift Components   |                |
| Question  | Result         |
| Are all operating and emergency controls working properly?  |                |
| Are all personal protective features present and working properly?                                |                |
| Are all systems properly operating? (Hydraulic, pneumatic, fuel, electrical)                      |                |
| Are there any missing or unreadable placards, warnings, or operational or instructional markings? |                |
| Are all mechanical fasteners and locking pins operating properly?                                 |                |
| Are fiberglass and other insulating components in place?  |                |
| Are all cable and wiring harnesses free of damage?  |                |
| Are outriggers/stabilizers operational?   |                |
| Are there any loose or missing parts?   |                |



## Work Zone

| Question   | Result      |
|--|-------------|
| Are there any drop-offs, holes or unstable surfaces, such as loose dirt? |             |
| Are there any inadequate ceiling heights?                                |             |
| Are there any slopes, ditches or bumps?                                  |             |
| Are there any floor obstructions or debris?                              |             |
| Are there any overhead electric power lines and communication cables?    |             |
| Are there any overhead obstructions?                                     |             |
| Are any hazardous locations and/or atmospheres present?                  |             |
| Are high winds, severe weather conditions, snow or ice present?          |             |
| Is there a presence of other workers near the work?                      |             |
| Is a guardrail system in place and free of damage?                       |             |
|  |             |
| Signature of Competent Person  | Date Signed |

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