

PRE-SHIFT INSPECTION REPORT

BOOMLIFT/SCISSOR LIFT

Date: _____ Equipment ID: _____
 Contractor: _____ Project: _____
 Operator's Name: _____ Supervisor: _____

PRE-SHIFT INSPECTION: Before use each day or at the beginning of each shift, the aerial platform must be given a visual inspection and functional test including but not limited to the following:

Daily Inspection Checklist	Date Inspected _____ (month)					Needs attention / remarks
	(day)	(day)	(day)	(day)	(day)	
"Operating" and "Emergency" controls						
Safety devices						
Personal protective devices, including fall protection						
Leaks: Air						
• Hydraulic						
• Fuel system(s)						
Fuel Levels: Gas						
• Hydraulic Fluid						
• Engine Oil						
• Water						
Cables and wiring harness						
Loose or missing parts						
Tires / Wheels: Condition						
• Pressure						
Placards, warning, control markings and operation manual(s)						
Outriggers, stabilizers, extendible axles and other structures						
Guard rail system						
Hourly meter reading (done at the beginning of the week):						
N D T Inspection (write expiry date):						

WORKPLACE INSPECTION: Before the equipment is used and during use, the operator shall check the area in which the equipment is to be used for possible hazards such as but not limited to the following:

Drop-offs or Holes						
Bumps and Floor Obstructions						
Debris						
Overhead Obstructions/Electrical power lines						
Hazardous Locations						
Inadequate Surface and Support to Withstand Load Forces of the Equipment in all Configurations						
Wind / Weather Conditions						
Pedestrian Traffic / Vehicular Traffic / Unauthorized Persons						
Other Possible Unsafe Conditions						

Any problems or malfunctions that affect the safety of operations shall be reported and corrected or repaired prior to commencing or continuing work.

Any equipment problems please call the office

Inspection reports must be faxed to the office weekly (604.525.0774)

PRE-SHIFT INSPECTION REPORT

OUTRIGGER

Date: _____ Equipment ID: _____
 Contractor: _____ Project: _____
 Operator's Name: _____ Supervisor: _____

PRE-SHIFT INSPECTION: Before use each day or at the beginning of each shift, the outrigger must be given a visual inspection including but not limited to the following:

Daily Inspection Checklist	Date Inspected _____ (month)					Needs attention / remarks
	(day)	(day)	(day)	(day)	(day)	
Straightness						
Cracking						
Bending						
Corrosion						
Other deformation						
Beam / cylinder distortion						
Structural damage						
Worn out / cracked / distorted parts						
• Pins						
• Shafts						
• Locking devices						
• Hooks						
• Lugs						
Abnormalities or deformation on outer cover						
Other						