

# Aerial Lifts & Platforms

## Daily Prestart Inspection

*Before use each day or at the beginning of each shift, the aerial platform requires a visual inspection and functional test including at least the following:*

<b>EQUIPMENT TYPE &amp; MODEL NUMBER:</b>						
<b>PROJECT NAME:</b>				<b>JOB NO.</b>		
<b>OPERATOR/INSPECTOR'S NAME:</b>						
<b>Visual Daily Checks</b>	<b>M</b>	<b>Tu</b>	<b>W</b>	<b>Th</b>	<b>F</b>	<b>Sat/Sun.</b>
<b>DATE:</b>						
Operating & emergency controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety devices operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal protective devices or equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air, hydraulic and / or fuel system leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cables and / or wiring harnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose or missing parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires and wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placards, warnings, control markings, and operating manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outriggers, stabilizers, and other structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardrail system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal fall protection (mandatory for boom lifts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:	
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<b>Operator/Inspector's Name:</b>	
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*\*Use the other side of this sheet to list any needed repairs.*

*\*Note date repairs have been made.*

<b><i>Do not operate this equipment until any and all repairs have been made.</i></b>
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