

Daily Aerial Lift Inspection Form

Lift # or Company: _____

Job #: _____

Inspector: _____

Instruction:

Each aerial lift will be operationally tested and visually inspected each day. The user will place a (✓) in the appropriate box when an item passes inspection. Leave the box empty and note a brief description of any problem. Immediately notify the Technical Director of any aerial lift deficiencies. The Technical Director will forward this inspection form to the Safety Dept. at the end of the event.

Operating Controls (Operational)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Maintenance Needed
Emergency Stop & Brakes								
Base Operation Controls								
Basket Operation Controls								
Foot Controls (if applicable)								
Safety Signs (Readable)								
Boom								
Hydraulic Leaks								
Extension Chain & Pivot Pins								
Electrical Lines								
Basket Cage and Gate								
Anchorage Points								
Base (Visual)								
Broken, Cracked or Loose Parts								
Leaks								
Electrical								
Tires & Outriggers								
Back Up Alarm & Manual								
Engine Compartment (Visual)								
Oil Level								
Fuel Level								
Belt, Hose & Motor Condition								
Battery & Electrical								

Addition Notes: _____

Prod./Lead Signature: _____

Date: _____