

# Operator Daily Inspection Checklist

## Aerial Lift

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Location: \_\_\_\_\_ Foreman's Name: \_\_\_\_\_

Rental Company: \_\_\_\_\_ Equipment Model: \_\_\_\_\_

*Instructions: Check all items. Inspect and rate Satisfactory = S Unsatisfactory = U Not Applicable = N/A*

	MON	TUES	WED	THUR	FRI	SAT	SUN
Battery							
Decals / Name Plate							
Emergency Stop and Lowering Function							
Fire Extinguisher (date / charge)							
Fluid Levels							
Guard Rails							
Hydraulic Controls / Hoses							
Lights, Warning							
Motion Alarms							
Obvious Damage							
Steering							
Tires							
Overhead Clearances (pipes, beams, power lines)							
Drop offs (holes, platform edges, slopes, debris including tools, equipment, materials)							
Inspecting Person's Initials							

**(I have checked and verified to the best of my knowledge that everything is in a safe and proper working condition)**

Comments (Any item marked Unsatisfactory must be explained & reported to Maintenance Immediately)

  
  
  

**Inspections must be completed daily by the first operator that uses the equipment.**

**The Foreman must establish where the Daily Inspection Form will be maintained. Weekly Completed Inspection Forms should be turned in with Payroll.**