

Aerial Platform Inspection

Aerial Platform: One Man Lift

Shift: Day 4/1/2009

Date: _____

Complete all information. Add sheets if necessary. Use NA if not applicable.	
Aerial Platform Location: <u>HALL C</u>	Department: Hall C
Division: PHY	Inspected by (print): <u>L. SARRAJA</u>
Supervisor: W. Kellner	Inspected by (sign): _____
Refer to EH&S 6147 T1 and operator's manual for procedure. Perform inspection prior to initial use for a given shift. If aerial platform any aspect immediately report to supervisor.	

√	Description	Comments
<input checked="" type="checkbox"/>	Visually inspect tires.	
<input checked="" type="checkbox"/>	Visually inspect pumps, hoses, and cylinders.	
<input checked="" type="checkbox"/>	Visually inspect batteries and electricals.	
<input checked="" type="checkbox"/>	Visually inspect all joints.	
<input checked="" type="checkbox"/>	Visually inspect ground controls.	
<input checked="" type="checkbox"/>	Confirm all ground controls work.	
<input checked="" type="checkbox"/>	Visually inspect platform controls.	
<input checked="" type="checkbox"/>	Confirm horn works.	
<input checked="" type="checkbox"/>	Confirm all articulations work.	
<input checked="" type="checkbox"/>	Confirm speed control works.	
<input checked="" type="checkbox"/>	Confirm driving and steering work.	
<input checked="" type="checkbox"/>	Confirm warning beacon works.	
<input checked="" type="checkbox"/>	Confirm warning sound works.	