

Aerial Device

Pre-Operation Inspection Checklist



Inspector's Name: _____ Department: _____
 Equipment Model: _____ Date: _____

Visual Inspection		OK	Service Needed
1	All decals & placards are present and legible	<input type="checkbox"/>	<input type="checkbox"/>
2	A copy of the Operator's/Safety Manual is present	<input type="checkbox"/>	<input type="checkbox"/>
3	There is no fluid or oil leak	<input type="checkbox"/>	<input type="checkbox"/>
4	Pivot pins are not damaged & retaining devices are in placed	<input type="checkbox"/>	<input type="checkbox"/>
5	Hydraulic system, electrical components, cables and wiring are in good conditions	<input type="checkbox"/>	<input type="checkbox"/>
6	Hydraulic oil and coolant level is adequate	<input type="checkbox"/>	<input type="checkbox"/>
7	Battery is charged and fluid level is adequate	<input type="checkbox"/>	<input type="checkbox"/>
8	Tires/wheels are in good working order (check for cracks, bulges and pressure)	<input type="checkbox"/>	<input type="checkbox"/>
9	There are no cracked welds or evidence of structural damage	<input type="checkbox"/>	<input type="checkbox"/>
10	Outriggers, stabilizers and extending axles (if equipped in lift model) are in good conditions/working properly	<input type="checkbox"/>	<input type="checkbox"/>
11	The platform/basket guardrails are in good conditions. Gates or chains (if equipped) can be locked/closed securely	<input type="checkbox"/>	<input type="checkbox"/>
12	Lift cylinder/elevating assembly are in good conditions	<input type="checkbox"/>	<input type="checkbox"/>
13	The cover panels open/close easily and can be latched/locked shut	<input type="checkbox"/>	<input type="checkbox"/>
14	Other: There are no broken, missing, damaged or loose parts	<input type="checkbox"/>	<input type="checkbox"/>
Operational Inspection			
1	Engine sounds normal	<input type="checkbox"/>	<input type="checkbox"/>
2	All emergency and safety devices are in placed and operating properly	<input type="checkbox"/>	<input type="checkbox"/>
3	The platform/basket raises and lowers smoothly/properly	<input type="checkbox"/>	<input type="checkbox"/>
4	The drive, steer functions, arms and horn are operating properly	<input type="checkbox"/>	<input type="checkbox"/>
5	All brake components (parking, surge, mechanical if equipped) are operating properly	<input type="checkbox"/>	<input type="checkbox"/>
6	All other functions and controls are in good conditions and operating properly	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Inspector's Signature: _____

** If the equipment fails the inspection, notify your supervisor and place a red or out-of-service tag on the equipment immediately. Do not use the equipment until it has been repaired.*