INDUSTRIAL SAFETY TRAINERS Inc.

PRE-USE INSPECTION - ARTICULATING AND TELESCOPIC BOOMS

ENSURE THAT YOU HAVE INSPECTED THIS EQUIPMENT BEFORE USING IT USING IT EACH SHIFT

Note: each operator using this equipment must perform a pre-use inspection

Indicate an **X** where there is a problem detected

Equipment name: _____ Hour Meter/. Mileage for start of this list _____

CAUTION: Operators are responsible for ensuring that the equipment is in good working condition prior to using it. If there is a problem with the equipment, park it, place a do not use tag on it, remove the key, and notify your supervisor.

VISUAL INSPECTION (where applicable)

- ☐ Propane or Diesel fuel for fuel lines/ leaks
- ☐ Engine Oil
- ☐ Coolant
- ☐ Hydraulic oil and lines
- ☐ Any other leaks in the engine compartment
- ☐ Operator controls are in good condition
- ☐ Batteries if electric lift
- ☐ Hydraulic hoses and connectors
- ☐ Work platform- no damage
- ☐ Main body for damage
- ☐ Lifting booms or beams
- ☐ Operators manual present
- ☐ Limit switch functioning properly
- ☐ Tires, good condition
- ☐ Bolts not sheered or damaged
- ☐ Welds not damaged
- ☐ Emergency lowering system
- ☐ Sufficient fuel levels
- ☐ Does the main body perform as required (rotation etc.?)
- ☐ Damage to the work platform
- ☐ Chain or security bars in good condition
- ☐ Safety stickers present and visible

FALL ARREST EQUIPMENT

- ☐ Harness
- ☐ Lanyard

OPERATIONAL INSPECTION (where applicable)

- ☐ Unusual Noise
- ☐ Controls are operational
- ☐ Forward control
- ☐ Reverse control
- ☐ Beepers and lights are working
- ☐ Do the controls on the base platform function
- ☐ Do the controls on the work platform function
- ☐ Functions are working properly.
- ☐ Ground conditions, house keeping, soft ground that has been dug up.
- ☐ Hydro lines
- ☐ Other activities in the area
- ☐ Weather – wind, snow & ice
- ☐ Other trades in the area
- ☐ Are special precautions needed to ensure your safety-spotter needed, safety or warning barriers etc.?

DATE	TIME	OPERATORS SIGNATURE	COMMENTS

Supervisor sign off:

TO BE COMPLETED BY DESIGNATED OPERATORS AND WHEN FORM IS COMPLETED IT MUST BE FORWARDED TO YOUR SHIFT SUPERVISOR.