



Aerial Work Platform Pre-Use Inspection Checklist

Operator(s): _____ Assistant(s): _____

Location/Building: _____ Date/Time: _____

Type of Work to be performed: _____

Worksite Checklist	YES	N/A	Comments
Ground conditions are stable.	<input type="checkbox"/>	<input type="checkbox"/>	
Weather conditions are safe. (wind speeds less than 28 mph)	<input type="checkbox"/>	<input type="checkbox"/>	
Overhead hazards have been identified and eliminated as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	
Access and egress around equipment is adequate for the operator and public.	<input type="checkbox"/>	<input type="checkbox"/>	
The work area is secured to prevent vehicle/pedestrian traffic.	<input type="checkbox"/>	<input type="checkbox"/>	
Power lines are a safe distance (>10ft) from intended travel path.	<input type="checkbox"/>	<input type="checkbox"/>	
Necessary way finding signage is posted around the work area.	<input type="checkbox"/>	<input type="checkbox"/>	
The surface area is clear of debris and excess equipment and materials.	<input type="checkbox"/>	<input type="checkbox"/>	
The intended travel path is free of holes, ruts and puddles.	<input type="checkbox"/>	<input type="checkbox"/>	
The weight loading of flooring will not be exceeded by use of AWP.	<input type="checkbox"/>	<input type="checkbox"/>	
The area is free of visual obstructions (trees, signs, etc.) that may interfere with the operation of the AWP.	<input type="checkbox"/>	<input type="checkbox"/>	
Wheel chocks are in place (if necessary.)	<input type="checkbox"/>	<input type="checkbox"/>	
Hazards introduced while on the AWP have been identified and controlled. (chemical, electrical, hot work etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

Site Security Required During Operation (Check all that are required and used for this job site.)

Snow Fence	<input type="checkbox"/>	Crowd Fence	<input type="checkbox"/>	Temporary Fence	<input type="checkbox"/>	Work horse	<input type="checkbox"/>	Jersey Barrier	<input type="checkbox"/>
Way Finding Signage	<input type="checkbox"/>	Caution Tape	<input type="checkbox"/>	Additional Personnel	<input type="checkbox"/>	Police Detail	<input type="checkbox"/>	Other	<input type="checkbox"/>

AWP Component Check	OK	N/A	Comments
Fluid levels (fuel, coolant, oil, hydraulic fluid)	<input type="checkbox"/>	<input type="checkbox"/>	
Tire pressure/condition	<input type="checkbox"/>	<input type="checkbox"/>	
Safety features (horn, gauges, breaks, lights, backup alarm, warning lights)	<input type="checkbox"/>	<input type="checkbox"/>	
Owner's manual and ANSI pamphlet available in storage box on AWP	<input type="checkbox"/>	<input type="checkbox"/>	
No hydraulic fluid or oil leaks	<input type="checkbox"/>	<input type="checkbox"/>	
No missing or illegible placards, decals, warnings, operational, instructional, and control markings	<input type="checkbox"/>	<input type="checkbox"/>	
No loose, broken or missing parts (fittings, pins, nuts, bolts)	<input type="checkbox"/>	<input type="checkbox"/>	
Basket components (gate, chain, guardrails)	<input type="checkbox"/>	<input type="checkbox"/>	

AWP Operation Check	OK	N/A	Comments
Lower/ground controls operate properly.	<input type="checkbox"/>	<input type="checkbox"/>	
Upper/basket controls operate properly.	<input type="checkbox"/>	<input type="checkbox"/>	
Boom operation tested (raise, lower, and swing boom arm).	<input type="checkbox"/>	<input type="checkbox"/>	
Boom and basket load is within limits specified by the manufacturer.	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency button operates properly.	<input type="checkbox"/>	<input type="checkbox"/>	
Deadman foot pedal operates properly.	<input type="checkbox"/>	<input type="checkbox"/>	
Outriggers operate properly (if equipped.)	<input type="checkbox"/>	<input type="checkbox"/>	

Personal Protective Equipment Required During Operation

Harness	<input type="checkbox"/>	Lanyard	<input type="checkbox"/>	Hard Hat	<input type="checkbox"/>	Safety Glasses	<input type="checkbox"/>	Goggles	<input type="checkbox"/>
Hearing Protection	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	Face Shield	<input type="checkbox"/>	Respirator	<input type="checkbox"/>	Other	<input type="checkbox"/>

Operator Notes:

Operator's Name _____

Operator's Signature _____

Date _____

**** If deficiencies are found, provide the checklist to Facilities Service Center (x5500) so repairs can be made. ****