Scissor Lift Operator Inspection Checklist
ALL EQUIPMENT MUST BE INSPECTED DAILY

Unit #:_____ Site:_____ Department:_____ Month/Year:_____

Day Of The Month

Item	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**
Please Print Operator/ Inspector Name																															
Enter "P" for pass or "U" for unsafe. For items marked "U" enter the problem in the comments section below and the date corrected.																															
Operating /Emergency Controls: Upper, Lower, Guards																															
Chassis/Lift: Cracks, Welds, Deformations																															
Wheels/Tires: Pressure, Cracks, Splits, Missing Lugs																															
Railings/Safety: Gates, Chains, Extension																															
Labels/Operator Manual																															
Stabilizers/Outriggers																															
Steering, Directional, Lift Controls																															
Alarms/Warning Lights																															
Site: Holes/Drop-offs, Slopes, Grades, Uneven Surfaces																															
Site: Overhead Obstructions, Electrical, Water, Sprinkler, Chemical Lines																															
Equipment and Site are Safe for Operation																															

Comments:

REPORT ALL DEFECTS TO YOUR FOREMAN IMMEDIATELY

Note: Any item marked with a "U" requires the unit be taken out of service until the problem is corrected by the rental company.