SUNBELT CONTROLS

Appendix 10-A
Daily Aerial Lift and Scissor Lift Inspection

Type of Equipment:	**Unit No.**	
Location:	**Job No.**	
Inspected by:	**Date:**	

Indicate by initialing "**Yes**" if item checked is adequate, operational, and safe. Initial "**No**" to indicate repair or other action is required. Use **N/A** to indicate "Not Applicable".

Item to be Checked	**YES**	**NO**	**N/A**
a. Fuel level (applicable for engine drive only)	☐	☐	☐
b. Engine oil level (applicable for engine drive only)	☐	☐	☐
c. Hydraulic system level, visible leaks	☐	☐	☐
d. Battery, water level, condition, state of charge	☐	☐	☐
e. Tires, proper inflation, damage	☐	☐	☐
f. Platform structure, cleanliness, physical condition	☐	☐	☐
g. Instruction placards, in place and legible	☐	☐	☐
h. Eye wash bottle, fire extinguisher (if applicable)	☐	☐	☐
i. Test the tilt alarm (if applicable)	☐	☐	☐
j. Test the controls to the emergency stop	☐	☐	☐
From the ground control station (Do all applicable portions):			
a. Raise and lower platform/boom	☐	☐	☐
b. Raise platform/boom and lower with auxiliary power	☐	☐	☐
c. Raise platform/boom and lower with manual bleed valves	☐	☐	☐
d. Telescope out and in	☐	☐	☐
e. Swing platform right and left	☐	☐	☐
From the platform control station (Do all applicable portions):			
a. Fasten safety harness	☐	☐	☐
b. Telescope out and in	☐	☐	☐
c. Raise and lower platform/boom	☐	☐	☐
d. Swing right and left	☐	☐	☐
e. Extend and level outriggers (if applicable)	☐	☐	☐
f. Drive machine forward and reverse, right and left	☐	☐	☐
g. Raise platform/boom and descend with auxiliary power	☐	☐	☐

***NOTE:** Any defects found must be repaired prior to equipment use. On completion of inspection, retain this form with the equipment till the end of the workday. Then turn in to immediate supervision for filing.

COMMENTS

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Signature of Person Completing Repairs **Date Repaired**