

Aerial Lift Inspection Form



Week of: _____	Location: _____	Equip. #: _____	Make /Model: _____					
Visual Inspection	Shift	MON	TUE	WED	THU	FRI	SAT	SUN
		1st	2nd	1st	2nd	1st	2nd	1st
1 Hoses								
2 Fluids - Leakage/Diaper								
3 Control Cables								
4 Warning Lights/Audible Alarm Devices								
5 Labels, Tags, or Placards/Man. Booklets								
6 Structural Damage								
7 Welds								
8 Fasteners								
9 Fall Protection Equipment								
10 Fall Protection Attachment Pts.								
11 Work Basket								
12 Steering Components								
13 Battery Cover								
14 Fluid - Level Checks								
15 Tires								
16 Fire Extinguisher								
Ground Controls	Shift	MON	TUE	WED	THU	FRI	SAT	SUN
		1st	2nd	1st	2nd	1st	2nd	1st
1 Drive (Forward/Reverse)								
2 Steer (Left/Right)								
3 Rotate (Left/Right)								
4 Extend & Retract (Boom In/Out)								
5 Basket/Platform (Level, Rotate, & Extend)								
6 Basket/Platform (Level, Rotate, & Extend)								
7 Auxiliary Power								
8 Emergency Stop(s)								
9 Emergency Descent Valves								
10 Outriggers (Extend/Retract)								
11 Brakes								
Basket/Platform Controls	Shift	MON	TUE	WED	THU	FRI	SAT	SUN
		1st	2nd	1st	2nd	1st	2nd	1st
1 Drive (Forward/Reverse)								
2 Steer (Left/Right)								
3 Rotate (Left/Right)								
4 Extend & Retract (Boom In/Out)								
5 Boom (Raise/Lower)								
6 Basket/Platform (Level, Rotate, & Extend)								
7 Auxiliary Power								
8 Emergency Stop(s)								
9 Deadman Switch								
Inspector Initials and Date	Shift	MON	TUE	WED	THU	FRI	SAT	SUN
		1st	2nd	1st	2nd	1st	2nd	1st
Initials								
Date								

Good = (OK)  
 Needs Repair = (R)  
 Not Applicable = (NA)

**DON'T FORGET: ATTACH  
 RETRACTABLE LANYARD**