



**Appendix 10-A**  
**Daily Aerial Lift and Scissor Lift Inspection**

<b>Type of Equipment:</b>	<b>Unit No.</b>	
<b>Location:</b>	<b>Job No.</b>	
<b>Inspected by:</b>	<b>Date:</b>	

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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Engine oil level (applicable for engine drive only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hydraulic system level, visible leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Battery, water level, condition, state of charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Tires, proper inflation, damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Platform structure, cleanliness, physical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Instruction placards, in place and legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eye wash bottle, fire extinguisher (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Test the tilt alarm (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Test the controls to the emergency stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>From the ground control station (Do all applicable portions):</b>			
a. Raise and lower platform/boom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Raise platform/boom and lower with auxiliary power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Raise platform/boom and lower with manual bleed valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Telescope out and in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Swing platform right and left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>From the platform control station (Do all applicable portions):</b>			
a. Fasten safety harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Telescope out and in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Raise and lower platform/boom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Swing right and left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Extend and level outriggers (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drive machine forward and reverse, right and left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Raise platform/boom and descend with auxiliary power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*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**

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**Date Repaired**