

Oklahoma State University
Environmental Health & Safety



Aerial Scissor Lift Pre-operation Inspection

Lift MFG: _____ Model: _____ Serial Number: _____

Date: _____ Start Time: _____ AM / PM (circle one)

WEAR FALL PROTECTION IS OPTIONAL BUT RECOMMENDED

Instructions: Operator must check off each item as having been checked “OK” and safe to use during daily inspection prior to operation. See the reverse side of this page and complete the Work Site Evaluation for every new location.

	Pass	Fail	N/A
KEY OFF Procedures			
Check that the operator’s manual, decals are in place and legible, and the operator has reviewed the manual and is aware of its limitations			
Check Hydraulic cylinders/Lifting mechanism/Fluid level			
Check welds, pins, missing nuts or bolts and other structural parts for cracks or defects			
Check outriggers, outrigger limiting switches, and locking pins			
Check platform entry mid-rail/gate, and platform or basket housekeeping			
Examine the battery & fire extinguisher			
Check fuel level to assure that the unit can operate the duration of the job			
Operator is responsible for inspecting all fall protection and insure that all fall protection is being worn and attached properly			
Tires/Rollers/Monitor tire air pressure if pneumatic (Front Right _____psi, Front Left _____psi, Right Rear _____psi, Left Rear _____psi)			
KEY ON Procedures			
Check all ground controls for proper operation, including emergency lowering means (remember, these could save your life)			
Check all basket controls, foot switch, horn for proper operation			
Battery discharge indicator, Hour meter			
Steering and drive system			
Check limit switches, alarms, and flashing beacon if equipped (operating the lift by raising/swing/extending booms, tilt/rotate the basket)			
Starting Hour Meter Reading: _____ Hours	Operator’s Name: (Printed / Signature) _____ / _____		Operator’s Employee ID: _____

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Aerial Lift Site/Operation Hazard Assessment for _____

Department Location(s): _____

Type of Work to be conducted: _____

Instructions: An Operator must conduct a **Site Hazard Assessment** for Industrial Lift Equipment owned/operated by each department to identify all hazards in the area of intended work, and to select appropriate equipment for the work-task. Unlike other Industrial Equipment, each time an Aerial Lift or Elevating Work Platform unit is used the site must be reassessed and documented on this form.

Site Evaluation	YES	NO	N/A
Is the work surface structurally strong enough to handle the lift, and free of drop-offs?			
Are surface conditions where the lift is used free of obstructions and on level surface?			
Are there proper barricades to control pedestrian and vehicle traffic in work zone?			
Are there overhead obstructions or restricted places where the lift will be operated?			
Will the basket handle the loads to be carried without exceeding the rated capacity?			
Are there ramps and other sloped surfaces that could affect the vehicle's stability?			
Will the lift be used for electrical work or near high voltage lines?			
Are there "Classified Hazardous" locations where the vehicle will be operated?			
Is there an enclosed environment(s) or other areas where insufficient ventilation or poor vehicle maintenance could cause a build-up of carbon monoxide or diesel exhaust buildup for combustion motors, or hydrogen gas buildup at electric vehicle recharging stations?			
Is wind or other weather a concern? Are there sustained winds or gusts stronger than the manufacturer's rated design allowance?			
List below other potentially hazardous site-conditions that could affect safe operation:			
Process/Use of Lift Truck	YES	NO	N/A
Has the proper Lift been chosen for the type of work being conducted?			
Does the Lift have the proper lift height and capacity for the job?			
Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?			
Is the basket free of trip hazards and proper housekeeping maintained?			
Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.)			
Is the fueling and/or charging area well ventilated?			
Is there proper lighting in the areas the Lift is being used?			
Are Propane bottles being kept in a secure area, and are they tagged "Full" or "Empty"?			
List other potentially hazardous process-conditions that could affect safe operation:			

Operator/ Evaluator: _____

Date Evaluated: _____