Appendix D
Aerial Platform & Scissor Lift Workplace Inspection Form

The workplace inspection shall be performed prior to using the aerial platform lift. One inspection may be performed for multiple tasks taking place in a single room/space per day. The workplace inspection shall be performed by the individual who will be using the lift. Documentation of the inspection shall be maintained by each department and uploaded to Google Drive on a monthly basis.

Check off the items that have been inspected and abate any safety issues that were identified prior to using the lift. Place any comments in the space provided below.

Department lift belongs to

Building/Space name or room number where lift will be used

Inspector’s Name __________________________ Date of Inspection __________

Item observed __________________________ Completed

• Drop-offs or holes ........................................................... □
• Slopes ........................................................................... □
• Bumps and floor obstructions ........................................... □
• Debris ........................................................................... □
• Overhead obstructions and high voltage conductors .......... □
• Hazardous locations and atmospheres ............................ □
• Inadequate surface and support to withstand all load forces imposed by the aerial platform lift ........................... □
• Wind and weather conditions if being used outdoors .......... □
  -Wind readings & forecasts indicate <28 mph
  -No lightning visible or forecasted
  -No other severe weather forecasted
Do not operate lift when winds reach 28 mph or more, when a wind warning is in place of 28 mph winds or more, when lightning is observed, or thunderstorm warnings are in effect.

Wind speed: _____________ Lightning distance (mi): _____________

Thunder heard: Yes No Thunder storm warning: Yes No

• Presence of unauthorized people .......................................... □
• Other possible unsafe conditions ....................................... □

Inspector’s signature __________________________ Date __________

Approval Date: 3/7/2019    Aerial Platform and Scissor Lift Procedure (Safe010)