



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 _____