**Department of Environmental Health & Safety**

**Occupational Health & Safety Office**

**321 Ryan Street,**

**Essex, Vermont 05452**

AERIAL LIFT INSPECTION CHECKLIST

* Include and submit checklist(s) to UVM Project Supervisor(s) and Occupational Health and Safety Office [ohso@uvm.edu](mailto:ohso@uvm.edu).
* To be completed by a competent person.
* If repairs are needed, IMMEDIATELY pull out of service, label “Do Not Use”, and notify your supervisor.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Number** | | **Description** | | | | | |
| *Click here to enter text.* | | *Click here to enter text.* | | | | | |
| **Department** | | **Building** | | | **Location** | | |
| *Click here to enter text.* | | *Click here to enter text.* | | | *Click here to enter text.* | | |
| **Inspection Completed By (Signature):** | | | | | | | **Date:** |
| *Click here to enter text.*  Print Name | | *Click here to enter text.*  Email | | | | | *Click here to enter text.*  Phone |
| **Lift Type (select all that apply)** | | | | | | | |
| Extensible Boom | Aerial Ladder | | | Articulating Boom | | *Click here to enter text.* | |
| Vertical Tower | Scissor Lift | | | Other (specify): | | *Click here to enter text.* | |
| Make: *Click here to enter text.* | | | Model: *Click here to enter text.* | | | | |

| **Aerial Lift Inspection Checklist** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Item #** | **Item** | **YES** | **NO** | **N/A** | **NEEDS REPAIR** |
| 1 | Aerial lifts are operated by a trained and qualified person in accordance with manufacturer’s instructions |  |  |  |  |
| 2 | Aerial lifts are in good repair and inspected by a competent person prior to use |  |  |  |  |
| 3 | All open sides have a guardrail with a midrail or full enclosure |  |  |  |  |
| 4 | Operators use a body harness with lanyard attached to the boom or basket (Note: this is recommended with scissor lifts as well) |  |  |  |  |
| 5 | Lift is not moved with a worker elevated (unless permitted by manufacture) |  |  |  |  |
| 6 | Aerial lifts are properly stabilized on firm, level surfaces and away from hazards |  |  |  |  |
| 7 | Lifts are operated at least 10 feet away from energized overhead power lines |  |  |  |  |
| 8 | Brakes are set and wheels chocked when on an incline |  |  |  |  |
| 9 | Outriggers are used, if provided |  |  |  |  |
| 10 | Load limits are not exceeded |  |  |  |  |
| 11 | No work is performed during windy conditions (e.g., winds above 20 mph) |  |  |  |  |
| 12 | No fuel odor present |  |  |  |  |
| 13 | Oil, fuel and coolant levels checked |  |  |  |  |
| 14 | Tire Pressure and Condition checked |  |  |  |  |
| 15 | Hydraulic level checked |  |  |  |  |
| 16 | No visible leaks |  |  |  |  |
| 17 | Horn operational |  |  |  |  |
| 18 | Backup and warning buzzer/alarms operational |  |  |  |  |
| 19 | Gauges operational |  |  |  |  |
| 20 | Safety and warnings label present and legible |  |  |  |  |
| 21 | Lights and warning lights operational |  |  |  |  |
| 22 | Other (specify): *Click here to enter text.* |  |  |  |  |
| 23 | Other (specify): *Click here to enter text.* |  |  |  |  |
| **Corrective Actions Taken** | |  |  |  |  |
| # *Enter here* | Describe:  *Click here to enter text.* | | | Date: *Click here to enter text.* | |
| # *Enter here* | Describe:  *Click here to enter text.* | | | Date: *Click here to enter text.* | |
| # *Enter here* | Describe:  *Click here to enter text.* | | | Date: *Click here to enter text.* | |
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| # *Enter here* | Describe:  *Click here to enter text.* | | | Date: *Click here to enter text.* | |
| Other Comments:  *Click here to enter text.* | | | | | |