



# Aerial Lift Inspection Form

Inspection Dates	From:	To:
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Manufacturer:	Model:	Lease No.
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√ = Good    X = No Good    N/A = Not Applicable

Item(s) to be checked	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Visual Inspection</b>							
Operator has proof of training							
Owner's Manual on vehicle							
Tires							
Hoses							
Lights							
Operating Controls							
Brakes							
Fluid Levels							
Fall Protection harness							
<b>Ground Controls</b>							
Drive							
Steering							
Rotate							
Boom IN / OUT							
Basket							
Emergency Stop							
<b>Basket / Platform</b>							
Drive							
Steering							
Rotate							
Boom IN / OUT							
Basket							
Emergency Stop							
<b>Operator's Initials:</b>							