



Lusail Real Estate Development Company

Health, Safety, Security, Environment, Logistics & Quality Department

Lusail Construction Safety Procedural Forms/Checklists – Aerial Platform Inspection Form

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COMPANY PROPRIETARY INFORMATION

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Aerial Platform Inspection Form

The pre-start inspection shall be performed prior to each day’s or shift’s use of the aerial platform lift by an authorized and trained user of the lift. Documentation of the inspection shall be maintained by each department, with a copy of the most recent inspection document stored on the lift.

Check off the items that have been inspected or mark the N/A box if the item does not apply to the lift being inspected. Place any comments in the space provided below. If there are any of these items that are not satisfactory place the lift out of service until the item is corrected.

Aerial platform belongs to: _____

Make of lift: _____ Model of lift: _____ Serial #: _____

Inspector’s Name _____ Date of Inspection _____

<u>Item Inspected</u>	<u>Okay</u>	<u>Not Okay</u>	<u>N/A</u>
Operating controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal protective devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumatic system (leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic system (leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel system (leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiring harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose/missing parts (locking pins/bolts...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires and wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placards and Warnings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outriggers/Stabilizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardrail system and locking gate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Inspector’s Signature _____ Date _____