

AERIAL LIFT EVALUATION FORM

Operator: _____ Company: _____

Theory Training Completed on: _____ Company: Construction Safety Assoc. of MB

Make & Model of Unit: _____ Evaluation Date: _____

Evaluator: _____ Signature: _____

PASS FAIL

Pre-Operation Inspection Operator is able to demonstrate a clear ability to visibly confirm or verify the safe condition of:	OK	NO	Comments
Manufacturer's manual is on the unit			
Log Book is on the unit			
Supplier Label is visible and legible			
Guardrails and Fall Protection Anchor			
Load Rating			
Battery Charge Level			
Wheels, Tires, Axles			
Hydraulic components			
Safe Start-Up Operator is able to demonstrate a clear understanding and ability to identify hazards and ensure control:	OK	NO	Comments
Work Surface			
Travel Route			
Overhead Clearance			
Energized Power Lines			
Pedestrian and/or Vehicular traffic			
Personal Protective Equipment			
Safe Operating Skills Operator is able to demonstrate:	OK	NO	Comments
Mount and dismount safely			
Ensure guardrails cover entire work area and/or use fall protection			
Turn unit on and off			
Drive Forward			
Drive Reverse			
Turn 360 degrees right and left			
Raise & Lower platform			