

MOBILE ELEVATED WORK PLATFORMS

Inspection Check list

Plant No: _____ Serial No: _____

Make: _____ Model: _____

Company Name: _____ Week Commencing: _____

	D	W	S	S	M	T	W	T	F
Tyre Pressure (if applicable)	X								
Tyre Condition	X								
Flooring protection fitted	X								
Flooring protection in good order	X								
Hydraulic oil level	X								
Transmission oil		X							
Brakes	X								
Brake fluid level		X							
Brake pedal operation	X								
Horn	X								
Wheel nuts	X								
Forward & reverse levers	X								
Fuel level	X								
Steering gear operation	X								
Battery terminals	X								
Battery fluid level	X								
Warning beacon	X								
Charger disconnected	X								
Manual wind down operation	X								
Guard rail condition		X							
Access step condition		X							
Harness anchor points	X								
Starting procedure	X								
Hydraulic pipe work	X								
Hydraulic hoses & fittings	X								
Hydraulic rams	X								
"Socks"/whitewall tyres fitted	X								
Contact details displayed	X								

Defects: _____

Weekly inspection comments: _____

Manager Signature: _____ Date: _____

Operator Signature: _____ Date: _____