FRED SHEARER & SONS, INC.

ESTABLISHED 1916

CCB# 357

AERIAL LIFT SAFETY CHECKLIST

JOB: _____ MONTH: _____

TYPE: _____ MODEL NO.: _____ EQUIPMENT ID: _____

ITEMS TO CHECK:	DATED:	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun
1. Manufacturer's Operating Manual/ANSI Manual		☐	☐	☐	☐	☐	☐	☐
2. Work Platform and Deck Extension		☐	☐	☐	☐	☐	☐	☐
3. Railing and Attachments		☐	☐	☐	☐	☐	☐	☐
4. Gate or Chain		☐	☐	☐	☐	☐	☐	☐
5. Control Markings Legible		☐	☐	☐	☐	☐	☐	☐
6. Labels and Placards Legible		☐	☐	☐	☐	☐	☐	☐
7. Cables, Wiring, and Hoses		☐	☐	☐	☐	☐	☐	☐
8. Tires, Wheels, & Lug Nuts		☐	☐	☐	☐	☐	☐	☐
9. Loose or Missing Parts		☐	☐	☐	☐	☐	☐	☐
10. Hydraulic Fluid		☐	☐	☐	☐	☐	☐	☐
11. Engine Oil, Belts, and Hoses		☐	☐	☐	☐	☐	☐	☐
12. Emergency Decant Device		☐	☐	☐	☐	☐	☐	☐
13. Welds, Banjo Bolts, and Keeper Rings/Pins		☐	☐	☐	☐	☐	☐	☐
14. Batteries and Chargers		☐	☐	☐	☐	☐	☐	☐
15. Safety Equipment/PPE		☐	☐	☐	☐	☐	☐	☐
16. Annual Inspection Current		☐	☐	☐	☐	☐	☐	☐
17. Tilt and Motion Alarm		☐	☐	☐	☐	☐	☐	☐
18. _____		☐	☐	☐	☐	☐	☐	☐

Next Service Due: _____ **Hour Meter:** _____ **Date:** _____

All of the above items have been inspected and items that require correction are noted with time impact.

Competent Person: _____ Date: _____

Superintendent/Foreman: _____ Date: _____

P = Item Passed Inspection C = Correction Required / Note Corrective Action

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