

OP 590 - Elevated Work Platforms



EWP Inspection Form

EWP Operator must inspect/document equipment daily, using this form.

Project Name: _____ Project Number: _____ Date: 3-22-17

Operator: _____ Make/Model: _____

Inspection

EWP Inspection	Satisfactory	Unsatisfactory	N/A
General appearance (hood, paint, undercarriage)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires (adequate tread)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batteries (tie-downs in place, corroded, leaking)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Oil Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Engine Oil Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Coolant Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Structural Arms (welds and paint condition)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chain properly lubricated	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outriggers deployed and stable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Basket in sound condition (toe boards, flooring)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Guardrails intact, swing gate functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls properly marked/labelled and functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground controls (emergency override) functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motion Alarm functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher (min 5 lbs B:C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operators manual present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities			
Safe distance from overhead lines (min 10 feet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area			
Work zone demarcated and barriers erected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-essential personnel behind barriers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area clear of obstructions, holes, uneven surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel routes clear and demarcated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead obstructions marked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment			
Fall protection (harness and lanyard) available and in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anchorage points intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: