



Scissor Lift Inspection

Project Number:
 Project Name:
 Project Address:
 City / State / ZIP:
 Project Contact:
 Notes:

Report Date:
 Completed By:
 Completed By Email:
 Customer Name:
 Customer Address:
 City / State / ZIP:
 Customer Contact:

Workplace Inspection

Answer all questions

NA = Not Applicable S = Satisfactory C = Correction Needed

#	Item/Question	NA	S	C	Comments
1.	Check floor conditions (Drop offs, holes, uneven surfaces, sloped floors, etc)				
2.	Check for debris, obstructions, cords, construction material, supplies, etc.				
3.	Check for overhead obstructions (power lines, wires, ducts, sprinklers, beams, pipes, etc.)				

Function & Controls

NA = Not Applicable S = Satisfactory C = Correction Needed

#	Item/Question	NA	S	C	Comments
1.	Control levers, switches, gauges and instruments operate properly (horns, lights, etc.)				
2.	Controls lock in place properly. Check condition of control enclosures and protective guards.				
3.	Emergency stop switches at the ground and platform control stations work properly (shut off controls & engine)				
4.	Lift, drive & speed cut-outs operate properly				
5.	Manual descent/auxiliary power system operates properly				
6.	Brakes operate properly				
7.	Machine functions operate properly both at ground and platform controls (lift, manual descent, etc.)				

Platform Assembly

NA = Not Applicable S = Satisfactory C = Correction Needed

#	Item/Question	NA	S	C	Comments
1.	Platform, rails, and toe boards installed, secure, and undamaged				
2.	Chain/Gate and bars installed, latch properly and are undamaged				
3.	Access ladder installed, secure and undamaged				
4.	Work platform is clean and free of debris				



Scissor Arms

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#	Item/Question	NA	S	C	Comments
1.	Scissor arms, pins and attaching hardware free of damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Chassis

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#	Item/Question	NA	S	C	Comments
1.	Tires properly inflated, undamaged and have sufficient tread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Steering, drive and axels secure and undamaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Outriggers/stabilizers operate properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Power/Hydraulic/Electrical

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#	Item/Question	NA	S	C	Comments
1.	Fluid levels correct (hydraulic, oil, coolant, battery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Pumps, motors, cylinders and lines free of leaks and damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Cables and wiring secure, free of damage, corrosion, abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Manuals/Safe Usage

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#	Item/Question	Yes	No	NA	Comments
1.	Operators & Safety Manual in storage box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Capacity and maximum travel height decal/plates in place, secure and legible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	All instruction, control & safety placards are installed and legible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Lift is free of unauthorized modifications and additions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

General Notes

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#	Item/Questions	Comments
1.	Please add any additional information regarding the inspection	



Best Drywall Contractors

Project Name:

Form #:

Form Date:

Acknowledgement

By signing this form, I acknowledge that I performed the inspection or witnessed the inspection and confirm all responses are accurate.

SIGNATURE NAME

SIGNATURE

SIGNATURE
DATE/TIME

SIGNATURE NOTE