



Aerial & Scissor Lift Daily Checklist



Lift Number: _____

Inspector: _____ Date: _____

Please note each item as either Acceptable, Not Acceptable, or Not Applicable.

Motor

| | | | |
|-----------|-------|----------------------------|-------|
| Oil Level | _____ | Wires | _____ |
| Belts | _____ | Fuel Line & Battery Cables | _____ |

Components

| | | | |
|-------------------|-------|--------------------------|-------|
| Temperature Gauge | _____ | Hydraulic Fluid | _____ |
| Hour Gauge | _____ | Hydraulic Lines | _____ |
| Battery Gauge | _____ | Tires, Wheels, Rims | _____ |
| Brake Fluid | _____ | Mast Chains/Pivot Points | _____ |

Body

| | | | |
|----------------|-------|--------------------------|-------|
| Headlights | _____ | Fire Extinguisher | _____ |
| Taillights | _____ | Guardrails/Safety Chains | _____ |
| Signal Lights | _____ | Operating Instructions | _____ |
| Warning Lights | _____ | Lifting Capacity | _____ |

Operational

| | | | |
|-----------------------|-------|-------------------------|-------|
| Horn | _____ | Service Brake | _____ |
| Backup Warning Device | _____ | Gear Shift Lever/Switch | _____ |
| Steering | _____ | Transmission | _____ |
| Parking Brake | _____ | Mast Lift Up & Down | _____ |

Comments

Signature of Inspector: _____