	cilities Management Department afety and Health Program
FALL PROT	ECTION PROGRAM
Area: All FMD Organizations	Date Effective: 1 April 2019
Issue No.: 1 Revision: 0	Page 1 of 1
Type Equipment:	Scissor Lift Inspection Sheet
Location Maintained:	Work Order No., if applicable:
Inspected By:	Date Inspected:

Indicate by initialing "Yes" if item checked is adequate, operational, and safe. Initial "No" to indicate repair or other action is required. Initial N/A to indicate "Not Applicable". <u>Noted defects found must be repaired prior</u> to equipment use.

Items to be checked	YES	NO	N/A
a. Fuel level (applicable for engine drive only)			
b. Engine oil level (applicable for engine drive only)			
c. Hydraulic system level; <i>no</i> visible leaks			
d. Battery, water level, condition, state of charge			
e. Tires, proper inflation, damage			
f. Platform structure, cleanliness, physical condition			
g. Instruction placards, warning placards in place and legible			
h. Eye wash bottle, fire extinguisher (if applicable)			
i. Test the tilt alarm (if applicable)			
From the ground control station (Do all applicable portions):			
a. Raise and lower platform/boom			
b. Raise platform/boom and lower with auxiliary power			
c. Raise platform/boom and lower with manual bleed valves			
d. Telescope out and in			
e. Swing platform right and left			
From the platform control station:			
a. Fasten safety harness			
b. Telescope out and in			
c. Raise and lower platform/boom			
d. Swing right and left			
e. Extend and level outrigger (if applicable)			
f. Drive machine forward and reverse, right and left			
g. Raise platform/boom and descend with auxiliary power			
Other/Comments:			

## **Revision History**

Revision	Description	Effective Date
0	Fall Protection Program	1April2019