

## Aerial Lift / Scissor Lift (Lifts) Audit Form

The following checklist (to be used along with field notes, photographs and other department-supplied documentation) is designed to determine if policy is being followed as well as verifying that all safety protocols are being met. This includes self propelled elevating lifts, extendable & articulating boom-supported elevating work platforms, vehicle-mounted elevating and rotating aerial devices and work platforms and scissor lifts.

Department/Facility/Farm:						
Building:	Room(s):					
<b>Initial Training and Supervision</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
Are there any lifting means such as aerial or scissor lifts onsite?						
Are the employees in this department/facility trained as per UMaine's Training Form (# MF10062) requirements?						
Are Field Training checklists completed for all employees that use lifts?						
Comments:						
<b>Servicing and Equipment Safety Checks</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
Are copies of the manufacturer's manuals for the equipment onsite?						
Are operators familiar with the equipment's instructions, warnings & labels?						
Are operators practicing/familiarizing with unfamiliar equipment?						
Are employees wearing PPE including Fall Protection devices (hard hats, lanyards & harnesses?? If so, are they trained using UMaine's Form (#MF10042)?						
Is there equipment-specific LOTO procedures?						
Are employees inspecting equipment prior to each use?						
If modifications have been made to the equipment, are they in accordance with ANSI A92.2-1969 standards?						
Comments:						