

Aerial Lift and Scissor Lifts Self Audit Checklist

The following checklist is designed to ensure that the policy is being followed and that appropriate safety protocols are in place for 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:					
Building/Work Area:	Room(s):				
Initial Training and Supervision			Yes	No	N/A
Are there any lifting means such as aerial or scissor lifts onsite?					
Are the employees in this department/facility trained as required using UMaine's Training Form (MF10062)?					
Are Field Training checklists completed for all employees that use lifts?					
Are these field training checklists maintained?					
Comments:					
Servicing and Equipment Safety Checks			Yes	No	N/A
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)?					
Do you have training documentation for the fall protection described above?					
Is there equipment-specific LOTO procedures?					
Do you have these LOTO procedures readily available?					
Are employees inspecting equipment prior to each use?					
Are these inspections documented and is it available for review?					
If modifications have been made to the equipment, are they in accordance with ANSI A92.2-1969 standards?					
Do you have documentation of the modifications?					
Comments:					
Name of Auditor:					
Signature and Date of Auditor:					