



MEWP Safe Use Checklist

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| COMPANY NAME: | BRANCH/LOCATION: |
| JOB SITE LOCATION: | DATE: MM/DD/YYYY |
| ASSESSOR(S) NAME/CONTACT INFO.: | |

| ITEM | ISSUES | | | COMMENTS |
|---|------------|-----------|------------|----------|
| 1. Site Risk Assessment: | YES | NO | N/A | |
| a) Hazards identified. | | | | |
| b) Risks evaluated. | | | | |
| c) Control measures developed. | | | | |
| d) Safety procedures communicated. | | | | |
| e) Other: | | | | |
| 2. Worksite Inspection: | YES | NO | N/A | |
| a) Drop-offs/Holes. | | | | |
| b) Bumps & floor/ground obstructions. | | | | |
| c) Debris. | | | | |
| d) Overhead obstructions. | | | | |
| e) Electrical conductors. | | | | |
| f) Hazardous locations. | | | | |
| g) Ramps/Slopes. | | | | |
| h) Ground surface & support conditions. | | | | |
| i) Pedestrian/Vehicle/Equipment traffic. | | | | |
| j) Weather conditions. | | | | |
| k) Other: | | | | |
| 3. MEWP: | YES | NO | N/A | |
| a) Suitable type selected. | | | | |
| b) Inspected/Maintained as required. | | | | |
| c) Protect from unauthorized use. | | | | |
| d) Accessories/Other equipment suitable. | | | | |
| e) Proper records/documentation retained. | | | | |
| f) Other: | | | | |
| 4. Personnel: | YES | NO | N/A | |
| a) Operators trained/familiarized/authorized. | | | | |
| b) Occupants trained. | | | | |
| c) Supervisors trained. | | | | |
| d) Rescue personnel trained & designated. | | | | |
| e) Non-MEWP personnel trained/aware. | | | | |
| f) Other: | | | | |