



# Mobile Elevating Work Platform Workplace Inspection and Risk Assessment Plan

Date: \_\_\_\_\_ Equipment: \_\_\_\_\_

Operator's Name: \_\_\_\_\_ Occupant \_\_\_\_\_  N/A

**Purpose of task**

**Location of work:**

- |   |                          |                  |                          |                                   |                          |           |
|---|--------------------------|------------------|--------------------------|-----------------------------------|--------------------------|-----------|
| Operator received MEWP training         | <input type="checkbox"/> | Occupant trained | <input type="checkbox"/> | MEWP truck inspection             | <input type="checkbox"/> | Completed |
| Harness                                 | <input type="checkbox"/> | Inspected/Worn   |                          | Capacity not exceeded             | <input type="checkbox"/> | Completed |
| Lanyard (4' or retractable)( boom lift) | <input type="checkbox"/> | Inspected/Worn   |                          | Load secure/ even weight          | <input type="checkbox"/> | Completed |
| Hard Hat                                | <input type="checkbox"/> | Inspected/ Worn  |                          | Warning barriers in place         | <input type="checkbox"/> | Completed |
| Communicate to others in area (ped)     | <input type="checkbox"/> | Completed        |                          | Safe Fall Zone around truck       | <input type="checkbox"/> | Completed |
| Pedestrians/ Other Vehicles (veh)       | <input type="checkbox"/> | Completed        |                          | Rescue Plan reviewed / understood | <input type="checkbox"/> | Completed |

- Ground Condition:**    Not over water / liquid (drowning)     No Hazard     Hazard Identified     Life jacket worn
- Level surface: (also all wheels making solid contact)     No Hazard     Hazard Identified
- Not near a drop-off, hole, slope, curb, dock     No Hazard     Hazard Identified
- Ground surface: compacted, firm not soft surface     No Hazard     Hazard Identified
- No grates, drains, underground services (load bearing)     No Hazard     Hazard Identified
- No debris, obstacles, clean ground surface     No Hazard     Hazard Identified
- Ground surface condition, clear of slippery surfaces     No Hazard     Hazard Identified

- |  |   |                                  |                              |
|--|---|----------------------------------|------------------------------|
| <b><u>Other Conditions:</u></b>                      | <b>Outriggers / Stabilizers</b>   | <input type="checkbox"/> Secured | <input type="checkbox"/> N/A |
| Electrical conductors: S.A.D.                        | <input type="checkbox"/> No Hazard <input type="checkbox"/> Hazard Identified |                                  |                              |
| Lighting condition                                   | <input type="checkbox"/> No Hazard <input type="checkbox"/> Hazard Identified |                                  |                              |
| Hazardous atmospheres                                | <input type="checkbox"/> No Hazard <input type="checkbox"/> Hazard Identified |                                  |                              |
| Weather/ wind conditions                             | <input type="checkbox"/> No Hazard <input type="checkbox"/> Hazard Identified |                                  |                              |
| No entanglement hazards                              | <input type="checkbox"/> No Hazard <input type="checkbox"/> Hazard Identified |                                  |                              |
| Locked out (other moving equipment) crane / fans     | <input type="checkbox"/> No Hazard <input type="checkbox"/> Hazard Identified |                                  |                              |
| Not blocking exits / fire extinguisher-safety equip. | <input type="checkbox"/> No Hazard <input type="checkbox"/> Hazard Identified |                                  |                              |
| Other possible unsafe conditions                     | <input type="checkbox"/> No Hazard <input type="checkbox"/> Hazard Identified |                                  |                              |

**Explain Hazard Identified & Solution:**

- Workplace inspection completed / task capable    Operator's Signature: \_\_\_\_\_
- Task incapable due to hazardous condition(s)    Occupant's Signature: \_\_\_\_\_
- Emergency Lowering Ground Personnel: Name: \_\_\_\_\_ Signature: \_\_\_\_\_