



HYDRAULIC LIFT INSPECTION FORM

Date of Inspection: _____

Name of Inspecting Person: _____

Name of Supervisor: _____

Hydraulic Lift Type:

Hydraulic Lift Size: _____

Date: _____

Hydraulic Lift Number: _____

Km/Milage: _____

Fuel Level: _____

INSTRUCTION

Each hydraulic lift will be operationally tested and visually inspected each day. The designated inspector will place a checkmark in the appropriate box when an item passes inspection. Leave the box empty and note a brief description of any problem. Immediately notify the supervisor of any hydraulic lift deficiencies. The supervisor will forward this inspection form to the Skyline safety department at the end of each week.

OPERATING CONTROLS

OPERATING CONTROLS	MON	TUE	WED	THU	FRI	SAT	SUN
Emergency Stop & Brake							
Base Operation Controls							
Basket Operation Controls							
Foot Controls							
Signage & Stickers							

Maintenance or Repairs Required or Performed:

Required

- Yes
- No

Performed

- Yes
- No

Notes:

BOOM/EXTENSION

BOOM/EXTENSION	MON	TUE	WED	THU	FRI	SAT	SUN
Hydraulic Leaks							
Extension Chain & Pivot Pins							
Electrical Lines							
Basket Cage & Gate							
Anchorage Points							

Maintenance or Repairs Required or Performed:

Required

- Yes
- No

Performed

- Yes
- No

Notes:

BASE

BASE	MON	TUE	WED	THU	FRI	SAT	SUN
Broken, Cracked or Loose Parts							
Leaks							
Electrical							
Tires & Outriggers							
Back Up Alarm & Manual							

Maintenance or Repairs Required or Performed:

Required

- Yes
- No

Performed

- Yes
- No

Notes:

ENGINE COMPARTMENT

ENGINE COMPARTMENT	MON	TUE	WED	THU	FRI	SAT	SUN
Oil Level							
Fuel Level							
Belts & Hoses							
Motor							
Battery & Electrical							

Maintenance or Repairs Required or Performed:

Required

- Yes
- No

Performed

- Yes
- No

Notes:

Inspecting Persons Name: _____

Inspecting Persons Signature: _____

Supervisors Name: _____

Supervisors Signature: _____