

Aerial Lifts (JLGs, Platforms, Bucket Trucks, Cherry Pickers) (Rev. 0)

| | YES | N/A | LOI OBSERVED |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Has Equipment Declaration been submitted to STR? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Operator has written confirmation of required qualifications? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have lift controls been tested for safe working condition prior to use? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Are manufacturer's instructions posted and legible? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Required distance from power lines (two barrier controls) or energized conductors being maintained? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Are outriggers being used if provided? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Is posted load limit for equipment being observed? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Is operator using proper PPE while operating equipment? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Has any field modifications to the equipment been approved and certified by the manufacturer in writing? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Are barricades, warning signs, or attendants in place while operating? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Is equipment operating warning devices working properly? |

Comments:

| | |
|--|--|
| | |
| | |
| | |

Contractor: _____

P.O. Number: _____

Area/Location: _____

Project No: _____

Print Name

Signature

Date