

Scissor Lift Safety Audit Template

Project / Site	<input type="text"/>	Date	<input type="text"/>
Auditor Name	<input type="text"/>	Equipment ID / No.	<input type="text"/>
Location	<input type="text"/>		

Pre-Use Inspection

Item	OK	Needs Action	N/A	Comments
Operator manual present & legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Wheels and tires condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Guardrails and gates intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency lowering system functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Controls labeled and operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fall protection/PFAS used as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Operational Checks

Item	OK	Needs Action	N/A	Comments
Outriggers/stabilizers used if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Platform not overloaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Area below platform warning posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Clear overhead hazards checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Travel path clear of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Platform never moved while elevated (unless permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Comments & Corrective Actions

Auditor Signature

Supervisor Signature

Date