

Aerial Lift/Boom Lift Use Monitoring Form

Date

Location

Operator Name

Make/Model

Lift Serial Number

Inspection Performed By

Task/Project

Pre-Use Checklist

Item	OK	N/A	Comments
Walk-around Inspection Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Controls Function Properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fall Protection Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Warning Devices Operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tires/Tracks Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hydraulics No Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Guardrails and Gates Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Other Observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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Additional Comments/Findings

Operator Signature

Date