



Through the OSHA and Scaffold & Access Industry Association (SAIA) Alliance, SAIA developed this Tip Sheet for informational purposes only. It does not necessarily reflect the official views of OSHA or the U.S. Department of Labor. September 2013

Company Name:		<b>AWP PRESTART SAFETY CHECKLIST</b>			
---------------	--	--------------------------------------	--	--	--

Date:	Type:	Model No:	Project No:	
Inspector's Name:	Equipment/ID No:	Hr.Meter Reading:	Project Name:	

Read and refer to the Operator's Manual for the specific prestart checks for the make and model lift you will be operating. Each lift and prestart check is unique. The following items must be checked as applicable. If not applicable, enter N/A.

Items to Check	Initial & Date Correction	Date Checked:									
		Yes	No								
Operator and Occupants Trained											
PPE, hardhat, safety glasses, safety boots, harness and lanyard shortened to shortest length and attached to anchorage point											
Inspect all PPE											
Manufacturer's operating manual/ANSI manual onboard											
Work platform and deck extension											
Guardrails, gates and chains											
Labels, placards and control markings legible											
Cables, wiring, and hydraulic hoses											
Tires, wheels, and lug nuts											
Loose or missing parts											
Hydraulic fluid											

Fuel level, top up										
Engine oil, belts, and hoses										
Auxiliary lowering and emergency decent device both ground and platform										
Welds, banjo bolts, and keeper rings/pins										
Batteries and chargers										
Annual inspection current										
Tilt and motion alarm										
Operate and test all ground control functions										
Operate and test all platform control functions										
High speed/low speed cutout when elevated										
Drive orientation override (if equipped)										
Outriggers or other stability enhancing means										
Articulating booms - check tower boom up and tower boom telescope sequence										

Next Service due:	Hour Meter:	Date:
-------------------	-------------	-------

**If any items are found not to be working properly, labels or manuals are not legible or are missing, or anything else is not right DO NOT OPERATE THE LIFT. Red Tag it as down and DO NOT OPERATE and call for service.**

Remarks:

---



---



---



---

Signature:	Print name:	Date:
------------	-------------	-------