|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project / location: | | Contractor: | | |
| Equipment Type and Model: | | Unique Identification Number: | | |
| Plant owners name: | | MEWP Coordinator: | | |
| 1.0 | Documentation | | Yes / No / NA | Comments / Actions |
| 1.1 | Thorough examination: Current 6 monthly (LOLER) | |  |  |
| 1.2 | Weekly maintenance inspection conducted by a competent operator or fitter | |  |  |
| 1.3 | Daily (pre-use) visual inspection conducted by a competent operator. | |  |  |
| 1.0 | General | |  |  |
| 1.1 | Condition of the boom/scissor structure including pins, etc? | |  |  |
| 1.2 | Is the operator’s manual provided securely with the MEWP? | |  |  |
| 1.3 | Are all boom operations fully functional? | |  |  |
| 1.4 | Does the plant clearly display all appropriate SWL, etc? | |  |  |
| 1.5 | Are all moving parts protected by fully operating and suitable guards? | |  |  |
| 1.6 | Are the ground / basket switching of control operating correctly? | |  |  |
| 1.7 | Are all controls including emergency stops, clearly identified and marked? | |  |  |
| 1.8 | Is the plant generating excessive noise, fumes or other exhaust gases? | |  |  |
| 1.9 | Edge protection and handrails suitable and secure? | |  |  |
| 1.10 | Are the brakes and steering fully functional? | |  |  |
| 1.11 | Is the horn operating clearly? | |  |  |
| 1.12 | Are the wheels / nuts, tyres or tracks intact and securely in place? | |  |  |
| 1.13 | Are the directional travel instructions (decals) clearly identified on the body? | |  |  |
| 1.14 | Is there a hand tool storage facility? | |  |  |
| 1.15 | Condition of extending axles or outriggers, where fitted? | |  |  |
| 1.16 | Check fuel, engine / hydraulic oils and coolant levels including leakage? | |  |  |
| 1.17 | Is the item provided with secured special gas cylinders if LPG powered? | |  |  |
| 1.18 | Battery condition including leads and where accessible water levels? | |  |  |
| 1.19 | Running and working lights functioning? | |  |  |
| 1.20 | Hours run on receipt? | |  |  |
| 2.0 | Safety Critical Items | |  |  |
| 2.1 | Does the plant have suitable attachment points for safety harnesses? | |  |  |
| 2.2 | Is the MEWP provided with a suitable anti-entrapment control device? | |  |  |
| 2.3 | Is the dead man’s pedal working correctly? | |  |  |
| 2.4 | Plant fitted with working travelling and tilt alarms, clearly audible at 10m? | |  |  |
| 2.5 | Maximum gradient displayed or inclinometer provided where required? | |  |  |
| 2.6 | Emergency lowering function enacted and operational? | |  |  |
| 2.7 | Can a portable drain earth be attached when working in substations? | |  |  |
| 2.8 | Maximum gradient for safe operation and is it displayed? | |  |  |
| 2.9 | Maximum wind speed for safe operation and is it displayed? | |  |  |
| 2.10 | Has the plant a suitable fire extinguisher in a convenient location? | |  |  |
| 2.11 | Plant fitted with fire or exhaust suppression systems for work in tunnels etc? | |  |  |
| 3.0 | Any other issues | |  |  |
| I have carried out the above checks where appropriate and have established to the best of my ability that this item is/is not\* in safe working order (\*delete as applicable)  Name: Signature:  MEWP Coordinator / Supervisor: Date:  NB. Following completion of the report at receipt of the MEWP onsite, formal inspection / examination must be recorded weekly in normal operating conditions, or under higher risk conditions daily. | | | | |