



BOOM LIFT EVALUATION FORM

Operator: _____ Evaluation Date: _____

Make & Model of Unit: _____

Evaluator: _____ Signature: _____

PASS

FAIL

PRE-OPERATION INSPECTION	O.K.	NO	COMMENTS
Operator is able to demonstrate a clear ability to visibly confirm or verify the safe condition of:			
Manufacturer's manual is on the unit			
Log Book is on the unit.			
Supplier Label is visible and legible			
Guardrails and Fall Protection Anchor			
Load Rating			
Battery Charge Level			
Wheels, Tires, Axles			
Hydraulic components			
SAFE START-UP	O.K.	NO	COMMENTS
Operator is able to demonstrate a clear understanding and ability to identify hazards and ensure control:			
Work Surface			
Travel Route			
Overhead Clearance			
Energized Power Lines			
Pedestrian and/or Vehicular traffic			
Personal Protective Equipment			
SAFE OPERATING SKILLS	O.K.	NO	COMMENTS
Operator is able to demonstrate:			
Mount and dismount safely.			
Ensure guardrails cover entire work area and/or use fall protection.			
Drive Forward			
Drive Reverse			
Turn 360 degrees right and left			
Raise and Lower Platform			