



**SUPERVISOR/EMPLOYEE CHECKLIST
AERIAL LIFT EQUIPMENT**

Employer / Production: _____ Supervisor: _____

Technician / Crew: _____

Date: _____ Location: _____

Lift Type – Boom / Scissor / Vertical Lift / Telehandler (circle one)

*** By checking the boxes on this form you are indicating yes to the question , and agree to adhere to all safe operating practices ***

- Operator has valid certificate for type of lift required
- Operator has read and understands the operator’s manual and it will be referenced where necessary
- Is lift equipment suitable for job task as outlined by the manufacturer
- Job area inspected for dangers (wires, underground cavities, holes, slopes, soft ground, traffic, etc)
- Visual and operational checks completed as per manufacturer’s specifications
- All warnings and safety decals are visible
- Machine is fueled or charged
- Inspection tag dated less than three month’s old
- Proper clothes and safety equipment available for the job
- Harnesses and lanyards inspected and used
- No environmental hazards noted (wind, visibility, storms, lightning, snow, cold, ice, water, etc)
- A ground spotter is available, if necessary (when working around hydro wires or any other danger)
- Operator states that they are not under the influence of alcohol, or any legal, illegal drug that would affect their ability to operate this equipment
- Other co-workers have been warned of lift operations
- Platform is loaded correctly
- Personnel weight _____ + Equipment weight (condor mount add 75lbs) _____ = Total weight on lift _____
- A written rescue plan has been submitted to the supervisor and communicated to all necessary personnel

Safety Contact Name: _____ Phone Number: _____

NOTES: _____

Failure to comply may result in injury or death. Also, you may be subject charges and fines under the Occupational Health and Safety Act and if found to be criminally negligent, you can be charged under bill C-45 of the criminal code.