

## DAILY INSPECTION FORM

WORKSITE: \_\_\_\_\_

TYPE OF MACHINE: \_\_\_\_\_ SERIAL NO: \_\_\_\_\_

PLATFORM LENGTH: \_\_\_\_\_ MAX. LIFTING CAPACITY: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

ERECTION COMPANY: \_\_\_\_\_

PERSON IN CHARGE: \_\_\_\_\_ TEL.: \_\_\_\_\_

ORDER COMPANY: \_\_\_\_\_

PERSON IN CHARGE: \_\_\_\_\_ TEL.: \_\_\_\_\_

**V** VISUAL INSPECTION   **V+C** VISUAL INSPECTION   **T** TEST

**NOTE:**

- FILL UP AND SIGN THIS FORM BEFORE YOU START WORKING WITH THE UNIT
- MARK WITH CROSS THE CHECKINGS CARRIED OUT
- POSSIBLE REMARKS IN THE LAST COLUMN

No	CHECK POINT	WEEK								REMARKS
			MON	TUE	WED	THU	FRI	SAT	SUN	
1.	BASEMENT GROUND	V								
2.	OUTRIGGERS	V								
3.	HORIZONTAL / VERTICAL POSITION	V								
4.	FUNCTION OF THE REMOTE CONTROL	T								
5.	FUNCTION OF THE EMERGENCY STOP	T								
6.	FUNCTION THE EMERGENCY LOWERING	T								
7.	RACK AND PINION CONTACT AND CONDITION	V								
8.	CONDITION OF THE ELECTRIC CABLES	V								
9.	PLATFORM FIXING AND RAILINGS	V+C								
10.	MAST SECTIONS AND FIXING SCREWS	V								
11.	FUNCTION OF THE LIMIT SWITCHES + COUNTER	P T								
12.	GUIDING ROLLERS	V								
13.	SAFETY BRAKE	V								
14.	WALL ANCHORING	V								
15.	MAST GUARDS	V								
16.	LOOSE OR MISSING PARTS	V								
17.	WORKSITE SAFETY FENCED	V								
18.	WARNING / INSTRUCTION PLATES	V								
19.	WORKING AREA	V								
20.										
21.										

SIGNATURES /DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

\_\_\_\_\_  
PERSON IN CHARGE  
(ERECTOR)

\_\_\_\_\_  
PERSON IN CHARGE  
(ORDERER)