


POLICY:
ELEVATING WORK PLATFORMS (EWP)

NUMBER:
WP-42

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PREPARED BY:
Facilities Management
(FM)

AUTHORIZED BY:

Elizabeth KruschEMC

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**Western University
Facilities Management**

Genie Lift

All users of this equipment must comply with the procedures/standards outlined in Facilities Management Work Procedure WP-42, Elevating Work Platforms. This Work Procedure requires that the user wear a harness, lanyard and a hard hat.

Each person using this EWP must have received training within the past 3 years, must sign and date this authorization form and must complete the Pre-Use Inspection form (page 2

(Genie Lift Authorization Form Page 2 of 2)

PRE-USE DAILY INSPECTION CHECKLIST ELEVATED WORK PLATFORMS					
NAME:					
DATE:					
MAKE: Genie with Outriggers		MODEL: AWP-24		SERIAL #: 3892-2514	
DATE OF MANUFACTURE: 1993					
PRE-OPERATIONAL DESCRIPTION	OK	NEEDS REPAIR	OPERATIONAL DESCRIPTION	OK	NEEDS REPAIR
			MAIN STATION		
ANNUAL INSP. CURRENT ON UNIT			MAIN CONTROL PANEL LABELLING		
SPEC. PLATE/DATE OF MANUFACTURE/WEIGHT			MAIN CONTROL PANEL FUNCTION		
TIRES/RIMS/LUG NUTS			EMERGENCY LOWERING FUNCTION		
STRUCTURAL (WELD, PINS, ETC.)			OPERATING STATION		
DECK AND ANCHOR POINTS			OPERATING STATION CLEAN		
HYDRAULIC SYSTEM AND FLUID			CONTROL FUNCTION LABELLING		
SAFETY DECALS LEGIBLE			BATTERIES & CHARGER		
ELECTRICAL 110v SYSTEM			OUTRIGGERS AND LOCKING PINS		
LEAKS (HYDR./OIL/WATER)			EMERGENCY STOP FUNCTION		
DOORS, GATES, BASKETS, RAILS			HORN AND ALARM FUNCTION		
ALARMS, LIGHTS, EMERG. STOP			EMERGENCY LOWERING FUNCTION		
LOCKOUT DEVICES			MAIN LIFT/BOOM OPE[]TJET@ 152.42		

PRE-USE DAILY INSPECTION CHECKLIST ELEVATED WORK PLATFORMS

NAME:

DATE:

MAKE: Skyjack Scissor Lift



Facilities Management

(Self Propelled Genie Authorization Form Page 1 of 2)

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(Self Propelled Facilities Management)

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Stacks Genie

All users of this equipment must comply with the procedures/standards outlined in Facilities Management Work Procedure WP-42, Elevating Work Platforms. This Work Procedure requires that the user wear a harness, lanyard and a hard hat.

Each person using this EWP must have received training within the past 3 years, must sign and date this authorization form and must complete the Pre-Use Inspection form (reverse side of this form). The pre-use inspection will be done after the lift is assembled and ready for use, and **before** going up in the lift. Any defects or deficiencies will be noted on the form and reported to FM Stores.

Upon completion of the work for which this equipment has been signed out the user must return the key and this form to FM Stores. Under no circumstance will the user turn over the key to another individual for work on another job/work order.

I, _____, have read, understood and met the requirements for
(Please Print) using this elevating work platform.

Signature

Date

Work Order

I, _____, have read, understood and met the requirements for
(Please Print) using this elevating work platform.

Signature

Date

Work Order

PRE-USE DAILY INSPECTION CHECKLIST ELEVATED WORK PLATFORMS					
NAME:					
DATE:					
MAKE: Genie		MODEL: IWP30S		SERIAL #: IWP16G-9905	
DATE OF MANUFACTURE: 2016					
PRE-OPERATIONAL DESCRIPTION	OK	NEEDS REPAIR	OPERATIONAL DESCRIPTION	OK	NEEDS REPAIR
			MAIN STATION		
ANNUAL INSP. CURRENT ON UNIT			MAIN CONTROL PANEL LABELLING		
SPEC. PLATE/DATE OF MANUFACTURE/WEIGHT			MAIN CONTROL PANEL FUNCTION		
TIRES/RIMS/LUG NUTS			EMERGENCY LOWERING FUNCTION		
STRUCTURAL (WELD, PINS, ETC.)			OPERATING STATION		