

(Genie Lift Authorization Form Page 1 of 2)

Western University
Facilities Management

Genie Lift

Western 

**Western University
Facilities Management**

Scissor Lift

All users of this equipment must comply with the procedures/standards outlined in Facilities Management

PRE-USE DAILY INSPECTION CHECKLIST ELEVATED WORK PLATFORMS					
NAME:					
DATE:					
MAKE: Skyjack – Scissor Lift		MODEL: SJ113226		SERIAL #: 27005239	
DATE OF MANUFACTURE: 01/09					
PRE-OPERATIONAL DESCRIPTION	OK	NEEDS REPAIR	OPERATIONAL DESCRIPTION	OK	NEEDS REPAIR
OPERATOR'S MANUAL			MAIN STATION		
ANNUAL INSP. CURRENT ON UNIT			MAIN CONTROL PANEL LABELLING		
SPEC. PLATE/DATE OF MANUFACTURE			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, GA/8 0.47 0.48052.73 0.48 14.42

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Self Propelled 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-

PRE-USE DAILY INSPECTION CHECKLIST ELEVATED WORK PLATFORMS

NAME:

DATE:

**Western University
Facilities Management**

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 the Tool Crib Technician.

Upon completion of the work for which this equipment has been signed out the user must return the key and this form to the Tool Crib Technician. 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		