





# Berkeley EH&S UNIVERSITY OF CALIFORNIA MORE ALIFORNIA SAFETY

## **AERIAL LIFT SAFETY PROGRAM**

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For more information about safety at work, visit: ehs.berkeley.edu

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## Purpose

This program guides all aspects of the Aerial Lift/Elevating Work Platform (AL/EWP) Safety Program for the University of California, Berkeley. As mandated by Cal/OSHA and other regulatory compliance codes, this program guides compliance with, and application of, all legal requirements for UC Berkeley departments, field stations and work/research operations that use these types of equipment.

## Applicability/Scope

This program applies to all UC Berkeley Faculty, Staff, and Students who are required or request to operate AL/EWP, or who must oversee persons operating AL/EWP, for any portion or aspect of their research, instruction and/or work.

## **Roles/Responsibilities**

#### All UC Berkeley Faculty, Staff, and Students

All UC Berkeley Faculty, Staff, and Students who are required to or request to operate AL/EWP, or who must oversee persons operating AL/EWP, must know about the requirements of this program. Operators are trained in the safe operation of AL/EWP resulting in 3-year certification to operate specific types of AL/EWP equipment.

#### Departments that own/use AL/EWP

Departments that own, operate, or allow the operation of AL/EWP at their facilities assure that all UC Berkeley Faculty, Staff, or Student operators in their department have current training/evaluation according to this program. They also must designate a **Department Safety Coordinator (DSC)** or other **Responsible Person** to oversee program implementation within the department.

Departments that own, rent and/or otherwise operate AL/EWP must:

- 1. Select and then purchase or rent appropriate equipment for job tasks based upon a work-environment and job-task hazard analysis.
- 2. <u>Train personnel</u> who operate their specific type of owned/rented equipment.
- 3. Conduct documented **<u>safety inspections</u>** and preventive maintenance of the equipment.
- 4. Assure operators adhere to specific <u>safe-work practices</u> whenever using these types of powered industrial equipment.
- 5. Approve contractors/vendors to use AL/EWP equipment on their premises, and only allow properly trained contractor/vendor personnel to use department-owned equipment.

#### Department Safety Coordinators (DSC) and/or Responsible Person

This person assures that all aspects of this program are implemented in their department including current operator training/evaluation from EH&S, scheduling training/retraining as needed, and maintaining program training and inspection records.

Aerial Lift/Elevating Work Platform (AL/EWP) Equipment Operators

All AL/EWP operators must take **EHS 602 Aerial Work Platforms Online** on the UC Learning Center and be evaluated by EH&S, or their supervisor who has been trained by EH&S as a trainer, to verify that they can practice safe operation of the lift.

#### Contractors/Vendors using AL/EWP on UC Berkeley Property

Contractor or Vendor employees that have been trained under their company's Aerial Lift/Elevating Work Platform Safety program, and have a UC Berkeley department's permission, may operate AL/EWP equipment owned/leased/rented by their employer on UC Berkeley premises.

Contractors who use AL/EWP equipment that is owned and/or rented/leased by a UC Berkeley department must demonstrate to the department's DSC or Responsible Person their current training for operation of the specific type of AL/EWP before they are allowed to operate the UC Berkeley owned/leased/rented equipment.

An operator may be required to show, to any UC Berkeley department representative, verification that they have been trained on the specific AL/EWP equipment they are operating.

If contractor/vendor employees are found not to be trained, all work must stop immediately until properly trained personnel are present to operate the AL/EWP equipment.

#### EH&S – Aerial Lift/Elevating Work Platform Safety Program Manager

EH&S manages this program for UC Berkeley through the direction of the Aerial Lifts/Elevating Work Platform Safety Program Manager. This person is responsible for all aspects of managing and implementing this program including:

- 1. Assures this program is revised periodically to maintain compliance with codes and regulations as they change, and update as need may dictate
- 2. Communicates program changes, objectives and requirements to all departments impacted by this program
- 3. Develops and updates training content as needed to comply with Cal/OSHA regulations
- 4. Conducts hands on field training and evaluation of operator trainees
- 5. Works with client departments to develop training for unique and *department-specific* Aerial Lift or Elevating Work Platform needs
- 6. Works with client departments to find safe locations to conduct hands on field training as part of an evaluation (Training/Evaluation)
- 7. Conducts periodic program audits at client departments to assure the program is being properly implemented and followed
- 8. Conducts periodic *customer service* inquiries to learn how the program can be modified to better meet client department needs
- 9. Modifies program content and procedures as needed to improve program effectiveness and ease of implementation and tracking
- 10. Provides Train-The-Trainer training as determined appropriate by EH&S and department management

## Definitions

**Aerial Device** - Any vehicle-mounted or self-propelled device that is telescopic or extensible, articulating, or both, and is primarily designed to position personnel.

AL/EWP - Acronym for Aerial Lift/Elevating Work Platform

**Boom** - An elevating member, the lower end of which is so attached to a rotating or non-rotating base that permits elevation of the free end in the vertical plane.

**Counterweight** - The rear section or area of the lift which is usually made of solid steel, and/or combination of steel and the weight of the battery on electric lifts, that counterbalances the boom leverage and basket load.

**Data Plate** - Manufacturer's equipment specification and information data, which includes basket load rating/lift capacity, lift heights, vehicle weight, and vehicle attachments. This plate is required to be affixed to all Aerial Lift Equipment by regulatory code. This is the vehicle operator's primary source of basic information about their vehicle for safe-work and use planning.

**Emergency Lowering Means** - Any elevating work platform equipped with a powered elevating assembly, and having a platform height exceeding 60 inches, must be supplied with safe means of lowering the basket or platform during an emergency or malfunction.

**Fall Protection** - An approved full-body safety harness with lanyard is to be worn at all times and attached to a secure anchor point when drivers or personnel are using a boom-type lift or vehicle-mounted lift. Fall protection must also be worn when using scissor lifts on uneven surfaces or near locations with tip-over hazards.

**Guard Rails** - Railing around the perimeter of the work platform. This railing consists of a top rail between 39" – 45" with a mid-rail. Units with the top rail less than 39" must have fall protection in use to operate.

**Lower Controls** - Operating controls located on the base of the unit which can be switched to override the basket or platform control during an emergency.

**Mast** - Part of the lifting mechanism to which the hydraulic lift cylinder or worm drive is attached that supports the basket as it is lifted up and down.

**Outriggers** - Extendable legs that are either manually set in place or, in some cases, hydraulically extended to give added stability to the unit base.

**Platform** - Any personnel carrying device (bucket, basket, cage, stand, tub, or equivalent) which is a component of an aerial device.

**Upper Controls** - Operating controls located on the basket or work platform of the unit. These controls can only be overridden with the operator's permission or in case of an emergency.

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## Types of Aerial Lift/Elevated Work Platforms

#### Articulating Boom Lift - An aerial device with two or more hinged boom sections. Fall Protection is required when operating this lift.

Elevating Work Platform - A device designed to elevate a platform in a substantially vertical axis. This device is stationary once set up and cannot be moved. Fall Protection is not required when operating this equipment, but is highly recommended.

> Extensible Boom Platform - An aerial device (except ladders) with an extensible boom. Telescopic booms with personnel platform attachments are considered to be extensible boom platforms. Fall Protection is required when operating this equipment.

Scissor Lift - A device designed to elevate a platform in a substantially vertical axis. This device can also be driven by an operator inside the work platform and is generally designed to carry more than one person. Fall Protection is not required when operating this lift, but is highly recommended.

> Trailer Mounted Lift - A device that can be towed by a vehicle to a work site, then un-hitched. These units have extendable or folding outriggers to give stability while being operated. Fall Protection is required when operating this lift.

**Vehicle Mounted Lift** - These devices typically have a bucket in place of a basket, which is designed for one person. Vehicle must have the brakes set, wheels chocked, and outriggers in place while operating this device. Fall Protection is required when operating this Lift.









## **Program Requirements/Operator Procedures**

#### **Administrative Requirements**

Department Management is responsible for purchasing/owning or selecting/leasing the AL/EWP equipment and must designate the person(s) responsible for implementing the following program requirements:

#### Identify/Evaluate AL/EWP Equipment Requirements and Site Hazards

Based upon the Operator's AL/EWP use, and the <u>Site Evaluation Checklist</u> for each type of AL/EWP equipment, the Department determines hazards encountered throughout the Department during AL/EWP use. It also procures and outfits AL/EWP that will safely operate in the Department's work environment with the anticipated maximum reach and work platform capacity required. Unusual or potential hazardous locations or operations in a Department's work environment are marked with appropriate warnings via signage and paint striping, or reduced through Operator training and appropriate equipment selection and maintenance.

#### Inventory Department AL/EWP Equipment

The Department conducts and maintains an inventory list of AL/EWP equipment owned/used by the Department. This list is used to identify training needs, equipment maintenance requirements, and to identify and limit equipment to safe use for department business activities. This list is updated periodically as the Department procures or retires equipment, and is referenced to determine what equipment requires Operator's training for use. Refer to <u>Attachment 1</u> for a template that may be used to develop your department's AL/EWP Equipment Inventory.

#### Identify Department Personnel Requiring AL/EWP Equipment Training

The Department identifies specific Department Personnel and others who are allowed to operate the Department's AL/EWP. This list is used to identify training needs and to identify and limit equipment to safe use for department business activities. This list is updated periodically as the Department manages compliance with this program, when lifting needs and/or equipment changes, and when personnel are enrolled in or leave this program. Refer to <u>Attachment 2</u> for a template that may be used to develop your department's AL/EWP Equipment *Operator Roster*, or enroll personnel in the University's Learning Management System for the <u>AL/EWP Safety Program online</u>.

#### Assure Training/Qualification/Retraining of Department Personnel

Cal/OSHA requires that all AL/EWP equipment operators are enrolled in and receive initial training and retraining at minimum every three years. **Operator Training Procedures** details the training requirements and activities necessary to satisfy this requirement below.

#### **Operator Training Procedures**

Each Operator must successfully complete Operator Safety Training prior to operating AL/EWP equipment on UC Berkeley property. Operators may only use the AL/EWP equipment type they have been trained and evaluated on to operate in a safe manner. There are two parts to the training and evaluation.

#### **Classroom/Online**

This training includes familiarization with equipment types and components, hazard assessment and mitigation, equipment inspection requirements, and other requirements of this program. Upon successful completion of classroom or on-line training, the trainee then takes hands-on training and evaluation in the field.

#### **Training/Evaluation**

The trainee performs tasks prescribed by the trainer. The trainee's operation of the lift shows they have demonstrated competence in the safe operation of the lift.

Training/Evaluation is conducted in a location where such AL/EWP equipment operation does not endanger property, the trainee, or others. Departments must arrange for their personnel to be trained and evaluated by EH&S, or a supervisor if they have been trained to conduct the Training/Evaluation.

The operator Training/Evaluation can be provided by the trainee's supervisor if that supervisor has successfully completed a Train-the-Trainer course provided by EH&S or a qualified consultant.

Training/Evaluation is documented in a form filled out by the trainer and the trainee and submitted to the EH&S Training Team to be entered into the employee's records. This record will be provided to the trainee's supervisor for their department's records.

Please contact EH&S at (510) 642-3073 or ehs@berkeley.edu to arrange training for Department personnel.

#### **Refresher Training**

Cal/OSHA requires refresher training to ensure the Operator has the knowledge and skills needed to operate AL/EWP equipment safely when:

- The Operator has been observed to operate the AL/EWP in an unsafe manner
- The Operator has been involved in an accident or near-miss incident
- The Operator has received an evaluation that reveals that the operator is not operating the AL/EWP safely
- The Operator is assigned to a different type of AL/EWP that they haven't been trained on
- A change in workplace conditions affects the safe operation of the AL/EWP

Training content is determined by the AL/EWP Safety Program Manager/Trainer based upon observed hazards, type of equipment, Department need, and work requirements. If an Operator has previously received training in a topic specified in this program, and such training is appropriate to a new AL/EWP and/or working conditions, additional training in that topic is not required if the operator has been evaluated and found competent to operate the new AL/EWP, or in the new working conditions safely. However EH&S will not discourage, and can provide, refresher training as requested by a supervisor.

#### **Operator Safe-Work Procedures**

Aerial Lift/Elevating Work Platform (AL/EWP) Selection and Site Hazard Evaluation

Prior to conducting work with an AL/EWP, an Operator conducts a *Site Evaluation* and a *Lift Selection Assessment*. This assessment is conducted as environmental hazards and job requirements dictate but is formally completed by every Operator at the beginning of working in a new or unfamiliar location, or when new or unfamiliar hazards are identified. This assessment ensures that the proper AL/EWP equipment is selected for the work, and that all hazards in the work area are identified and mitigated prior to commencing work. On the second page of each lift Pre-Operation Inspection Form (Attachments 3 – 10) is a written checklist for <u>Site</u> <u>Evaluation</u> that may be used to document the Operator's assessment of their work environment. This site evaluation checklist may also be used to assess the Department's general work environment to determine appropriate equipment procurement needs.

**Pre-Operation Inspection and Use of Fall Protection** 

At the beginning of each work shift, or prior to using AL/EWP equipment for a new work assignment, the Operator conducts a documented *Pre-Operational Inspection* of the equipment. This inspection is specific to

the type of lift equipment, and includes visual and auditory inspection of all safety and operational components of the equipment. Results of this inspection are documented on inspection checklists.

Some types of AL/EWP equipment require that Fall Protection must be worn and properly attached to the equipment by the operator of the equipment. That is the case with any lift that can be self-propelled, with the exception of scissors lifts that have guardrails in place.

The use of Fall Protection equipment is regulated by Cal-OSHA and outlined on the EH&S website's <u>UC Berkeley</u> <u>Fall Protection Program</u> The use of fall protection gear is always recommended by EH&S, but the requirement or option to wear fall protection is outlined on the Pre-Operation Inspection Checklists listed below based upon equipment type. Training in the use of Fall Protection equipment is required and that training is separate from training required for this program.

Refer to attachments 3-10 for Pre-Operation Inspection Checklists and Site Evaluation Forms to determine need for fall protection, document inspections and conduct Hazard Evaluation/Equipment Selection for work sites.

#### Equipment Tag Out for Repair

No AL/EWP equipment is to be used until any deficiencies discovered during a Pre-Operation Inspection are corrected. If a hazardous deficiency is discovered during a Pre-Operation Inspection, the Operator alerts their Supervisor of the condition, and *Tags Out* the equipment from being used by controlling all keys for the vehicle, and placing a *Warning Tag* in the area near the controls with the following information:

- Person's name that has *Tagged Out* the vehicle and has the keys in their possession as well as their contact information
- Date vehicle was Tagged Out
- Reason(s) for *Tagging Out* the vehicle including all noted deficiencies. A photocopy of the completed inspection form may be taped to the basket or steering wheel if on a vehicle-mounted lift for this purpose.
- Name and contact information for the Department's Responsible Person for implementation of this program.

No repairs are made on any AL/EWP until the equipment and its components are blocked, tagged, locked out or otherwise made safe for repair work to commence according to application of the **UC Berkeley Energy Isolation Program**.

#### **Operating Procedures/Hazard Identification and Controls**

Prior to operation at the beginning of each work-shift, Operators must review and assess the following equipment/work area conditions:

- 1. Review the work area for hazards, and remove/control them prior to operation
- 2. Always conduct an environmental hazard assessment prior to selecting/using AL/EWP equipment
- 3. Only use AL/EWP equipment designed to safely work in the work-area conditions observed
- 4. Review operating instructions, warnings, and precautions for the types of AL/EWP being operated
- 5. Prior to operation at the beginning of the work-shift, inspect and document the equipment's proper function of controls and instrumentation. Do they operate correctly?
- 6. Inspect engine or motor operation
- 7. Inspect steering and maneuvering
- 8. Familiarize yourself with visibility
- 9. Inspect basket or platform capacity and equipment stability

#### Office of Environment, Health & Safety, UC Berkeley

- 10. Complete and document the inspection process using the appropriate inspection form (attachments 3-10)
- 11. Check fuel and/or charging of batteries, and refuel/recharge as needed
- 12. Review and understand equipment operating limitations
- 13. Review other operating instructions, warnings, or precautions listed in the operator's manual for the types of AL/EWP that you will operate
- 14. Alert all persons in the work area of intended work activities and hazards
- 15. Always face the direction of travel
- 16. Don't travel horizontally with the platform elevated or extended
- 17. Don't exceed the basket or platform capacity
- 18. Position equipment on a firm level surface and minimize blocks or ramps for leveling the AL/EWP equipment
- 19. Always set outriggers prior to use if the AL/EWP is equipped with them
- 20. Wear proper safety harnesses and only tie-off to the work platform's fall protection tie-off point. Refer to the **inspection forms** (Attachments 3-10) to determine if safety harnesses are required to be worn.
- 21. Barrier off the lift swing work-area below the AL/EWP equipment's work zone
- 22. Don't climb on guardrails, climb on ladders or stand on other items when working on the platform
- 23. Practices good housekeeping when working in and around the platform
- 24. Never drop or throw objects to or from the work platform
- 25. Always look below the platform and confirm it's safe to lower the equipment before lowering the equipment
- 26. Never lean the platform on or against structures
- 27. Never use the boom to push against something or try to pull the AL/EWP equipment along in a horizontal direction

#### **Training Requirements**

#### **UC Berkeley Staff, Faculty and Students**

All UC Berkeley Staff, Faculty, and Students are trained on the basic requirements of this program with the primary knowledge that they must be trained and evaluated to operate an Aerial Lift or Elevating Work Platform safely prior to doing so on UC Berkeley property.

#### **Departments that own Aerial Lifts or Elevating Work Platforms**

Departments are familiar with the Administrative and Personnel Training Procedures of this program, and implement/integrate them into their research/work/business practices. Each department has the options of:

- Providing the evaluation/training themselves after one or more of their representatives has received the Train-The-Trainer training from EH&S.
- Hire a third party consultant to provide the training/evaluation.

#### Department Safety Coordinators and/or Responsible Person

This person receives detailed training and support from the Aerial Lift/Elevating Work Platform Program Manager at EH&S concerning their roles and responsibilities in implementing/integrating this program into their department's research, work, or business practices.

#### Aerial Lift/Elevating Work Platform Operators

Must have completed online training provided by UC Berkeley Learning Center appropriate for the type of aerial lift platform.

- Completed and passed a hands-on Evaluation/Training provided by EH&S, an independent third-party consultant, or an employee of UC Berkeley that has completed a Train-The-Trainer class provided by EH&S or a qualified firm
- If fall protection is used during the operations of an aerial platform the operator must have been trained in its use according to the UC Fall Protection Safety Program

#### Contractors using Aerial Lift/Elevating Work Platform on UC Berkeley property

Are aware that they must provide proof of Aerial Lift or Elevating Work Platform training on the type of lift they are about to use, issued by their employer; have UC Berkeley department permission to operate powered industrial trucks on the UC Berkeley premises, and must carry on their person and produce upon request verification in the form of certificate, license or other document from their employer certifying that they have been trained in the safe use of Aerial Lifts or Elevating Work Platforms.

#### EH&S Trainer / Program Manager

This person is trained on all aspects of this program's management and requirements. They are aware of and familiar with all Fed/OSHA training and support materials relevant to this program, as well as with all Cal/OSHA codes relevant to this program. They are certified by the Cal/OSHA *Train-the-Trainer* Program to conduct Aerial Lift/Elevating Work Platform training, and can provide *Train-The-Trainer* instruction to personnel within their department so they can provide operator evaluation/training to people within that department. Contact the EH&S Trainer or Program Manager if your department is interested in training someone in your department to provide the evaluation-training to persons within your department.

#### **Record Keeping Requirements**

#### Department Safety Coordinators and/or Responsible Person

No record keeping needed but should verify that all operators have current training/evaluation on the equipment they are using. The records are kept by EH&S Training Team and are recorded on the employee's training record.

#### Aerial Lift/Elevating Work Platform Operators

Operators that use Aerial Lifts or Elevating Work Platforms in departments other than their own have been trained and evaluated on the specific lift they are using.

#### EH&S – Training Team

EH&S maintains a training database system of all UC Berkeley Aerial Lift/Elevating Work Platform operators. These records can be accessed by the department, Department Safety Coordinator, Supervisor, Cal/OSHA or a Licensed Operator by calling EH&S at (510) 642-3073. **EH&S Trainer** 

The Aerial Lift/Elevating Work Platform Trainer passes on the forms filled out during the training-evaluation to the EH&S training team and the information is transferred into each employee's training records.

## References

The following Title 8 Cal/OSHA codes dictate the requirements of this program:

§1670. Personal Fall Arrest Systems, Personal Fall Restraint Systems and Positioning Devices

- See more: Fall Protection: Equipment and Inspection Fact Sheet UC Berkeley EH&S
- §3636. Application
- §3637. Definitions
- §3638. Equipment Instructions and Marking
- §3639. Factors of Safety in Design of Work Platform Assembly
- §3640. Maintenance and Repairs
- §3642. Platform Equipment
- §3645. Stability on Inclined Surfaces
- §3646. Operating Instructions (Elevating Work Platforms)
- §3647. Pin-On Platforms
- §3648. Operating Instructions (Aerial Devices)

# ATTACHMENTS

#### Attachment 1 - Lift Equipment Inventory for Department

Instructions: An initial inventory of Industrial Lift Equipment owned/operated by each department must be conducted to identify all equipment impacted by this program. This must be done by physical inspection. At UC Berkeley this survey may be conducted by a Responsible Person in a department, the department's DSC or their designee and documented on this form. Update this inventory list as equipment is purchased or retired from service, **and** at least annually.

| MFR               | Туре         | Power Source   | Nameplate Data               | Max. Lift<br>Capacity | Location               | PPE/Uses   |
|-------------------|--------------|----------------|------------------------------|-----------------------|------------------------|--|
| Example:<br>Genie | Scissor Lift | Electric/AC-DC | Model ZH1<br>S/N 456JV12X798 | Platform 600<br>lbs.  | Oxford Track<br>Garage | Full Body Harness w/Lanyard<br>General Greenhouse and<br>warehouse use<br>Building maintenance |
|                   |              |                |                              |                       |                        |  |
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|                   |              |                |                              |                       |                        |  |
|                   |              |                |                              |                       |                        |  |
|                   |              |                |                              |                       |                        |  |
| Date              |              | DSC/RP Name    |                              |                       |                        |  |

| MFR  | Туре | Power Source | Nameplate Data | Max. Lift<br>Capacity | Location | PPE/Uses |
|------|------|--------------|----------------|-----------------------|----------|----------|
|      |      |              |                |                       |          |          |
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|      |      |              |                |                       |          |          |
|      |      |              |                |                       |          |          |
| Date |      | DSC/RP Name  |                |                       |          |          |

#### Attachment 2 - Trained Operators List

Instructions: An *Operator Roster of Industrial Lift Equipment* owned/operated by each department is maintained to identify all personnel enrolled in this program. At UC Berkeley this roster may be maintained by a Responsible Person in a department, the department's DSC or their designee and documented on this form, or through enrollment in the University Learning Management System (LMS). Update this roster as equipment is purchased or retired from service, and personnel are added/deleted from using Industrial Lift Equipment within the department.

| Operator<br>Name            | ID Number                           | License<br>Number         | Expiration<br>Date | <b>Operation Location</b>                                | Equipment   |
|-----------------------------|-------------------------------------|---------------------------|--------------------|--|---|
| Example:<br>Juanita Sanchez | Employee or<br>Student ID<br>Number | Horticulture OL<br>- 0234 | 5/15/12            | Oxford Track Garage<br>Oxford Track Build<br>Maintenance | Genie Scissor Lift #GL8462LW<br>Genie Elevating Work Platform<br>#GL50309TL |
|                             |                                     |                           |                    |  |   |
|                             |                                     |                           |                    |  |   |
|                             |                                     |                           |                    |  |   |
|                             |                                     |                           |                    |  |   |
|                             |                                     |                           |                    |  |   |
|                             |                                     |                           |                    |  |   |
| Date                        |                                     | DSC/RP Name               |                    |  |   |

| Operator<br>Name | ID Number | License<br>Number | Expiration<br>Date | <b>Operation Location</b> | Equipment |
|------------------|-----------|-------------------|--------------------|---------------------------|-----------|
|                  |           |                   |                    |                           |           |
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|                  |           |                   |                    |                           |           |
|                  |           |                   |                    |                           |           |
| Date             |           | DSC/RP Name       |                    |                           |           |

#### Attachment 3 - Articulating Boom Lift Pre-operation Inspection

#### WEAR FALL PROTECTION WHEN USING THIS LIFT

| Lift MFG   |                           | Model                       |                                     | Serial                    |                   |                     |      |     |
|--|---------------------------|-----------------------------|-------------------------------------|---------------------------|-------------------|---------------------|------|-----|
| Date   |                           | Start Time                  |                                     | AM/PM (Circl              | e one)            |                     |      |     |
| KEY OFF Procedures   |                           |                             |                                     |                           |                   | Pass                | Fail | N/A |
| Check that the operator aware of its limitations.  | 's manual and decals a    | re in place and leg         | gible, and that the ope             | rator has reviewed the n  | nanual and is     |                     |      |     |
| Check Hydraulic cylinde  | rs/Lifting mechanism/     | Fluid level                 |                                     |                           |                   |                     |      |     |
| Check welds, pins, missi   | ing nuts or bolts and of  | her structural par          | ts for cracks or defec <sup>-</sup> | ts                        |                   |                     |      |     |
| Check drive hubs, engin  | e for oil leaks           |                             |                                     |                           |                   |                     |      |     |
| Check platform entry m   | id-rail/gate, and platfo  | rm or basket hous           | ekeeping                            |                           |                   |                     |      |     |
| Examine the battery & f  | ire extinguisher          |                             |                                     |                           |                   |                     |      |     |
| Check fuel level to assu   | re that the unit can ope  | erate the duration          | of the job                          |                           |                   |                     |      |     |
| Operator is responsible  | for inspecting all fall p | rotection and ensi          | uring that all fall prote           | ction is being worn and a | attached properly |                     |      |     |
| Operator is responsible for inspecting all fall protection and ensuring that all fall protection is being worn and attached properly<br>Tires/Rollers/Monitor tire air pressure if pneumatic |                           |                             |                                     |                           |                   |                     |      |     |
| Front Right psi  | Front Left psi            |                             | Right Rear psi                      |                           | Left Rear psi     |                     |      | -   |
| KEY ON Procedures  |                           |                             |                                     |                           |                   | Pass                | Fail | N/A |
| Check all ground contro  | ls for proper operation   | , including emerg           | ency lowering means                 | (remember, these could    | save your life)   |                     |      |     |
| Check all basket control   | ls, foot switch, horn for | proper operation            |                                     |                           |                   |                     |      |     |
| Battery discharge indica   | ator, Hour meter          |                             |                                     |                           |                   |                     |      |     |
| Steering and drive syste   | em                        |                             |                                     |                           |                   |                     |      |     |
| Check limit switches, ala the basket)  | arms, and flashing bea    | con if equipped (o          | perating the lift by rais           | sing/swing/extending bc   | oms, tilt/rotate  |                     |      |     |
| Starting Hour M  | leter Reading             | Operator's<br>Employee ID # | Operator's                          | Printed Name              | Operator'         | perator's Signature |      |     |
|  | Hours                     |                             |                                     |                           |                   |                     |      |     |



**Instructions:** An Operator must conduct a **Site Hazard Assessment** for Industrial Lift Equipment owned/operated by each department to identify all hazards in the area of intended work, and to select appropriate equipment for the work-task. Unlike other Industrial Equipment, each time an Aerial Lift or Elevating Work Platform unit is used the site must be reassessed and documented on this form.

#### Aerial Lift Site/Operation Hazard Assessment Department

Location(s)

Type of Work to be conducted

| Site Evaluation   | YES | NO | N/A |
|---|-----|----|-----|
| Is the work surface structurally strong enough to handle the lift, and free of drop-offs?   |     |    |     |
| Are surface conditions where the lift is used free of obstructions and on level surface?  |     |    |     |
| Are there proper barricades to control pedestrian and vehicle traffic in the work zone?   |     |    |     |
| Are there overhead obstructions or restricted places where the lift will be operated?   |     |    |     |
| Will the basket handle the loads to be carried without exceeding the rated capacity?  |     |    |     |
| Are there ramps and other sloped surfaces that could affect the vehicle's stability?  |     |    |     |
| Will the lift be used for electrical work or near high voltage lines?   |     |    |     |
| Are there Classified Hazardous locations where the vehicle will be operated?  |     |    |     |
| Is there an enclosed environment(s) or other areas where insufficient ventilation or poor<br>vehicle maintenance could cause a build-up of carbon monoxide or diesel exhaust buildup<br>for combustion motors, or hydrogen gas buildup at electric vehicle recharging stations? |     |    |     |
| Is wind or other weather a concern? Are there sustained winds or gusts stronger than the manufacturer's rated design allowance?   |     |    |     |
| List below other potentially hazardous site-conditions that could affect safe operation:  |     |    |     |
| Process/Use of Lift Truck   | YES | NO | N/A |
| Has the proper Lift been chosen for the type of work being conducted?   |     |    |     |
| Does the Lift have the proper lift height and capacity for the job?   |     |    |     |
| Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?  |     |    |     |
| Is the basket free of trip hazards and proper housekeeping maintained?  |     |    |     |
| Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.)   |     |    |     |
| Is the fueling and/or charging area well ventilated?  |     |    |     |
| Is there proper lighting in the areas the Lift is being used?   |     |    |     |
| Are propane bottles being kept in a secure area, and are they tagged Full or Empty?   |     |    |     |
| List below other potentially hazardous process-conditions that could affect safe operation:   |     |    |     |

Operator/Evaluator

Date

#### Attachment 4 - Elevating Work Platform Pre-operation Inspection

#### FALL PROTECTION RECOMMENDED WHEN USING THIS LIFT

| Lift MFG  |  | Model                       |                         | Serial                       |                      |      |      |     |
|---|--|-----------------------------|-------------------------|------------------------------|----------------------|------|------|-----|
| Date  |  | Start Time                  |                         | AM/PM (Circ                  | e one)               |      |      |     |
| KEY OFF Procedures                                  |  |                             |                         |                              |                      | Pass | Fail | N/A |
| Check that the operator's aware of its limitations. | manual and decals a                                  | re in place and leg         | gible, and that the o   | perator has reviewed the r   | nanual and is        |      |      |     |
| Check Hydraulic cylinders,                          | /Lifting mechanism/                                  | Fluid level                 |                         |                              |                      |      |      |     |
| Check welds, pins, missing                          | g nuts or bolts and of                               | ther structural par         | rts for cracks or def   | ects                         |                      |      |      |     |
| Check outriggers, outrigge                          | er limiting switches,                                | and locking pins            |                         |                              |                      |      |      |     |
| Check platform entry mid-                           | rail/gate, and platfo                                | rm or basket hous           | sekeeping               |                              |                      |      |      |     |
| Examine the battery & fire                          | extinguisher   |                             |                         |                              |                      |      |      |     |
| Check battery level to ass                          | ure that the unit can                                | operate the durat           | tion of the job         |                              |                      |      |      |     |
| Operator is responsible fo                          | r inspecting all fall p                              | rotection and ens           | uring that all fall pro | otection is being worn and a | attached properly    |      |      |     |
| Tires/Rollers/Monitor tire                          | Tires/Rollers/Monitor tire air pressure if pneumatic |                             |                         |                              |                      |      |      |     |
| Front Right psi                                     | Front Left psi                                       |                             | Right Rear psi          |                              | Left Rear psi        |      |      |     |
| KEY ON Procedures                                   |  |                             |                         |                              |                      | Pass | Fail | N/A |
| Check all ground controls                           | for proper operatior                                 | n, including emerg          | ency lowering mea       | ns (remember, these could    | save your life)      |      |      |     |
| Check all basket controls,                          | foot switch, horn for                                | proper operation            | l                       |                              |                      |      |      |     |
| Battery discharge indicate                          | or, Hour meter                                       |                             |                         |                              |                      |      |      |     |
| Steering and drive system                           |  |                             |                         |                              |                      |      |      |     |
| Check limit switches, alarr<br>the basket)          | ns, and flashing bea                                 | con if equipped (o          | perating the lift by    | raising/swing/extending bo   | ooms, tilt/rotate    |      |      |     |
| Starting Hour Met                                   | er Reading   | Operator's<br>Employee ID # | Operato                 | r's Printed Name             | Operator's Signature |      | ture |     |
|   | Hours  |                             |                         |                              |                      |      |      |     |



| Instructions: An Operator must conduct a Site Hazard Assessment for Industrial Lift Equipment                     |
|---|
| owned/operated by each department to identify all hazards in the area of intended work, and to select             |
| appropriate equipment for the work-task. Unlike other Industrial Equipment, each time an Aerial Lift or Elevating |
| Work Platform unit is used the site must be reassessed and documented on this form.                               |

Aerial Lift Site/Operation Hazard Assessment Department

nent

Location(s)

Type of Work to be conducted

| Site Evaluation   | YES | NO | N/A |
|---|-----|----|-----|
| Is the work surface structurally strong enough to handle the lift, and free of drop-offs?   |     |    |     |
| Are surface conditions where the lift is used free of obstructions and on level surface?  |     |    |     |
| Are there proper barricades to control pedestrian and vehicle traffic in the work zone?   |     |    |     |
| Are there overhead obstructions or restricted places where the lift will be operated?   |     |    |     |
| Will the basket handle the loads to be carried without exceeding the rated capacity?  |     |    |     |
| Are there ramps and other sloped surfaces that could affect the vehicle's stability?  |     |    |     |
| Will the lift be used for electrical work or near high voltage lines?   |     |    |     |
| Are there Classified Hazardous locations where the vehicle will be operated?  |     |    |     |
| Is there an enclosed environment(s) or other areas where insufficient ventilation or poor<br>vehicle maintenance could cause a build-up of carbon monoxide or diesel exhaust buildup<br>for combustion motors, or hydrogen gas buildup at electric vehicle recharging stations? |     |    |     |
| Is wind or other weather a concern? Are there sustained winds or gusts stronger than the manufacturer's rated design allowance?   |     |    |     |
| List below other potentially hazardous site-conditions that could affect safe operation:  |     |    |     |
| Process/Use of Lift Truck   | YES | NO | N/A |
| Has the proper Lift been chosen for the type of work being conducted?   |     |    |     |
| Does the Lift have the proper lift height and capacity for the job?   |     |    |     |
| Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?  |     |    |     |
| Is the basket free of trip hazards and proper housekeeping maintained?  |     |    |     |
| Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.)   |     |    |     |
| Is the fueling and/or charging area well ventilated?  |     |    |     |
| Is there proper lighting in the areas the Lift is being used?   |     |    |     |
| Are propane bottles being kept in a secure area, and are they tagged Full or Empty?   |     |    |     |
| List below other potentially hazardous process-conditions that could affect safe operation:   |     |    |     |

Operator/Evaluator

#### **Attachment 5 - Lift Pod Pre-operation Inspection**

#### FALL PROTECTION RECOMMENDED WHEN USING THIS LIFT

| Lift MFG  |  | Model              | Serial                                  |                   |               |        |      |     |
|---|--|--------------------|---|-------------------|---------------|--------|------|-----|
| Date  |  | Start Time         | AI                                      | M/PM (Circle one) |               |        |      |     |
| KEY OFF Procedures  |  |                    |   |                   |               | Pass   | Fail | N/A |
| Check that the operator's ma<br>aware of its limitations. | nual and decals a  | re in place and le | gible, and that the operator has re     | viewed the manua  | al and is     |        |      |     |
| Check Hydraulic cylinders/Lif                             | ting mechanism/  | Fluid level.       |   |                   |               |        |      |     |
| Check welds, pins, missing nu                             | Check welds, pins, missing nuts or bolts and other structural parts for cracks or defects. |                    |   |                   |               |        |      |     |
| Check outriggers, outrigger l                             | miting switches,   | and locking pins.  |   |                   |               |        |      |     |
| Check platform entry mid-rai                              | l/gate, and platfoi  | m or basket hou    | sekeeping.                              |                   |               |        |      |     |
| Examine the battery & fire ex                             | tinguisher.  |                    |   |                   |               |        |      |     |
| Check battery level to assure                             | that the unit can  | operate the dura   | ation of the job                        |                   |               |        |      |     |
| Operator is responsible for in                            | specting all fall pr   | otection and ens   | suring that all fall protection is bein | g worn and attach | ned properly. |        |      |     |
| Tires/Rollers/Monitor tire air                            | pressure if pneun  | natic.             |   |                   |               |        |      |     |
| Front Right psi   | Front Left psi   |                    | Right Rear psi                          | Left Rear psi     |               |        |      |     |
| KEY ON Procedures   |  |                    |   |                   |               | Pass   | Fail | N/A |
| Check all ground controls for                             | proper operation   | , including emerg  | gency lowering means (remember,         | these could save  | your life)    |        |      |     |
| Check all basket controls, foc                            | ot switch, horn for  | proper operation   | n                                       |                   |               |        |      |     |
| Battery discharge indicator, F                            | lour meter   |                    |   |                   |               |        |      |     |
| Steering and drive system                                 |  |                    |   |                   |               |        |      |     |
| Check limit switches, alarms, the basket)                 | and flashing bead  | con if equipped (  | operating the lift by raising/swing/e   | extending booms,  | tilt/rotate   |        |      |     |
| Starting Hour Meter Reading Operator's Employee ID #      |  |                    | Operator's Printed Name                 | Ор                | erator's Sig  | nature |      |     |
|   | Hours  |                    |   |                   |               |        |      |     |



| Instructions: An Operator must conduct a Site Hazard Assessment for Industrial Lift Equipment                     |
|---|
| owned/operated by each department to identify all hazards in the area of intended work, and to select             |
| appropriate equipment for the work-task. Unlike other Industrial Equipment, each time an Aerial Lift or Elevating |
| Work Platform unit is used the site must be reassessed and documented on this form.                               |

Aerial Lift Site/Operation Hazard Assessment Department

nt

Location(s)

Type of Work to be conducted

| Site Evaluation   | YES | NO | N/A |
|---|-----|----|-----|
| Is the work surface structurally strong enough to handle the lift, and free of drop-offs?   |     |    |     |
| Are surface conditions where the lift is used free of obstructions and on level surface?  |     |    |     |
| Are there proper barricades to control pedestrian and vehicle traffic in the work zone?   |     |    |     |
| Are there overhead obstructions or restricted places where the lift will be operated?   |     |    |     |
| Will the basket handle the loads to be carried without exceeding the rated capacity?  |     |    |     |
| Are there ramps and other sloped surfaces that could affect the vehicle's stability?  |     |    |     |
| Will the lift be used for electrical work or near high voltage lines?   |     |    |     |
| Are there Classified Hazardous locations where the vehicle will be operated?  |     |    |     |
| Is there an enclosed environment(s) or other areas where insufficient ventilation or poor<br>vehicle maintenance could cause a build-up of carbon monoxide or diesel exhaust buildup<br>for combustion motors, or hydrogen gas buildup at electric vehicle recharging stations? |     |    |     |
| Is wind or other weather a concern? Are there sustained winds or gusts stronger than the manufacturer's rated design allowance?   |     |    |     |
| List below other potentially hazardous site-conditions that could affect safe operation:  |     |    |     |
| Process/Use of Lift Truck   | YES | NO | N/A |
| Has the proper Lift been chosen for the type of work being conducted?   |     |    |     |
| Does the Lift have the proper lift height and capacity for the job?   |     |    |     |
| Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?  |     |    |     |
| Is the basket free of trip hazards and proper housekeeping maintained?  |     |    |     |
| Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.)   |     |    |     |
| Is the fueling and/or charging area well ventilated?  |     |    |     |
| Is there proper lighting in the areas the Lift is being used?   |     |    |     |
| Are propane bottles being kept in a secure area, and are they tagged Full or Empty?   |     |    |     |
| List below other potentially hazardous process-conditions that could affect safe operation:   |     |    |     |

Operator/Evaluator

#### Attachment 6 - Extensible Boom Platform Pre-operation Inspection

#### WEAR FALL PROTECTION WHEN USING THIS LIFT

| Lift MFG   |                       | Model                       | Serial                              |                      |            |        |      |     |
|--|-----------------------|-----------------------------|-------------------------------------|----------------------|------------|--------|------|-----|
| Date   |                       | Start Time                  | AN                                  | I/PM (Circle one)    |            |        |      |     |
| KEY OFF Procedures   |                       |                             |                                     |                      |            | Pass   | Fail | N/A |
| Check that the operator's manual a aware of its limitations. | and decals are in p   | place and legible           | , and that the operator has rev     | iewed the manual ar  | nd is      |        |      |     |
| Check Hydraulic cylinders/Lifting r                          | mechanism/Fluid       | level.                      |                                     |                      |            |        |      |     |
| Check welds, pins, missing nuts or                           | bolts and other s     | tructural parts fo          | or cracks or defects.               |                      |            |        |      |     |
| Check drive hubs, engine for oil lea                         | iks.                  |                             |                                     |                      |            |        |      |     |
| Check platform entry mid-rail/gate                           | e, and platform or    | basket houseke              | eping.                              |                      |            |        |      |     |
| Examine the battery & fire extingu                           | isher.                |                             |                                     |                      |            |        |      |     |
| Check fuel level to assure that the                          | unit can operate      | the duration of tl          | ne job.                             |                      |            |        |      |     |
| Operator is responsible for inspect                          | ting all fall protect | ion and ensuring            | g that all fall protection is being | g worn and attached  | properly.  |        |      |     |
| Tires/Rollers/Monitor tire air press                         | ure if pneumatic.     |                             |                                     |                      |            |        |      |     |
| Front Right psi  | Front Left psi        |                             | Right Rear psi                      | Left Rear psi        |            |        |      |     |
| KEY ON Procedures  |                       |                             |                                     |                      |            | Pass   | Fail | N/A |
| Check all ground controls for prop                           | er operation, inclu   | iding emergency             | lowering means (remember, t         | hese could save you  | ır life).  |        |      |     |
| Check all basket controls, foot swi                          | tch, horn for prop    | er operation.               |                                     |                      |            |        |      |     |
| Battery discharge indicator, Hour r                          | neter.                |                             |                                     |                      |            |        |      |     |
| Steering and drive system.                                   |                       |                             |                                     |                      |            |        |      |     |
| Check limit switches, alarms, and f the basket).             | lashing beacon if     | equipped (opera             | ting the lift by raising/swing/e    | xtending booms, tilt | /rotate    |        |      |     |
| Check outriggers for proper opera                            | tion if equipped.     |                             |                                     |                      |            |        |      |     |
| Starting Hour Meter Rea                                      | ading                 | Operator's<br>Employee ID # | Operator's Printed Name             | Oper                 | ator's Sig | nature |      |     |
|  | Hours                 |                             |                                     |                      |            |        |      |     |



| Instructions: An Operator must conduct a Site Hazard Assessment for Industrial Lift Equipment                     |
|---|
| owned/operated by each department to identify all hazards in the area of intended work, and to select             |
| appropriate equipment for the work-task. Unlike other Industrial Equipment, each time an Aerial Lift or Elevating |
| Work Platform unit is used the site must be reassessed and documented on this form.                               |

## Aerial Lift Site/Operation Hazard Assessment Department

Location(s)

Location(s)
Type of Work to be conducted

| Site Evaluation  | YES | NO | N/A |
|--|-----|----|-----|
| Is the work surface structurally strong enough to handle the lift, and free of drop-offs?  |     |    |     |
| Are surface conditions where the lift is used free of obstructions and on level surface?   |     |    |     |
| Are there proper barricades to control pedestrian and vehicle traffic in the work zone?  |     |    |     |
| Are there overhead obstructions or restricted places where the lift will be operated?  |     |    |     |
| Will the basket handle the loads to be carried without exceeding the rated capacity?   |     |    |     |
| Are there ramps and other sloped surfaces that could affect the vehicle's stability?   |     |    |     |
| Will the lift be used for electrical work or near high voltage lines?  |     |    |     |
| Are there Classified Hazardous locations where the vehicle will be operated?   |     |    |     |
| Is there an enclosed environment(s) or other areas where insufficient ventilation or poor<br>vehicle maintenance could cause a build-up of carbon monoxide or diesel exhaust buildup<br>for combustion motors, or hydrogen gas buildup at electric vehicle recharging stations?  |     |    |     |
| Is wind or other weather a concern? Are there sustained winds or gusts stronger than the manufacturer's rated design allowance?  |     |    |     |
| List below other potentially hazardous site-conditions that could affect safe operation:   |     |    |     |
| Process/Use of Lift Truck  |     |    |     |
|  | YES | NO | N/A |
| Has the proper Lift been chosen for the type of work being conducted?  | YES | NO | N/A |
|  | YES | NO | N/A |
| Has the proper Lift been chosen for the type of work being conducted?  | YES | NO | N/A |
| Has the proper Lift been chosen for the type of work being conducted?<br>Does the Lift have the proper lift height and capacity for the job?   | YES | NO | N/A |
| Has the proper Lift been chosen for the type of work being conducted?<br>Does the Lift have the proper lift height and capacity for the job?<br>Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?   | YES | NO | N/A |
| <ul> <li>Has the proper Lift been chosen for the type of work being conducted?</li> <li>Does the Lift have the proper lift height and capacity for the job?</li> <li>Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?</li> <li>Is the basket free of trip hazards and proper housekeeping maintained?</li> <li>Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants,</li> </ul>   | YES | NO | N/A |
| <ul> <li>Has the proper Lift been chosen for the type of work being conducted?</li> <li>Does the Lift have the proper lift height and capacity for the job?</li> <li>Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?</li> <li>Is the basket free of trip hazards and proper housekeeping maintained?</li> <li>Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.)</li> </ul>  | YES | NO | N/A |
| <ul> <li>Has the proper Lift been chosen for the type of work being conducted?</li> <li>Does the Lift have the proper lift height and capacity for the job?</li> <li>Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?</li> <li>Is the basket free of trip hazards and proper housekeeping maintained?</li> <li>Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.)</li> <li>Is the fueling and/or charging area well ventilated?</li> </ul>  | YES |    | N/A |
| <ul> <li>Has the proper Lift been chosen for the type of work being conducted?</li> <li>Does the Lift have the proper lift height and capacity for the job?</li> <li>Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?</li> <li>Is the basket free of trip hazards and proper housekeeping maintained?</li> <li>Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.)</li> <li>Is the fueling and/or charging area well ventilated?</li> <li>Is there proper lighting in the areas the Lift is being used?</li> </ul> |     |    | N/A |

#### Attachment 7 - Scissors Platform Lift Pre-operation Inspection

#### FALL PROTECTION RECOMMENDED WHEN USING THIS LIFT

| Lift MFG  |                     | Model                       |                         | Serial                |                        |             |      |     |
|---|---------------------|-----------------------------|-------------------------|-----------------------|------------------------|-------------|------|-----|
| Date  |                     | Start Time                  |                         | AM/PN                 | (Circle one)           |             |      |     |
| KEY OFF Procedures  |                     |                             |                         |                       |                        | Pass        | Fail | N/A |
| Check that the operator's manu<br>aware of its limitations. | al and decals are   | e in place and leg          | gible, and that the o   | perator has reviewed  | I the manual and is    |             |      |     |
| Check Hydraulic cylinders/Liftir                            | ng mechanism/Fl     | uid level.                  |                         |                       |                        |             |      |     |
| Check welds, pins, missing nuts                             | or bolts and oth    | er structural par           | rts for cracks or def   | ects.                 |                        |             |      |     |
| Check outriggers, outrigger lim                             | iting switches, ar  | nd locking pins.            |                         |                       |                        |             |      |     |
| Check platform entry mid-rail/g                             | ate, and platform   | n or basket hous            | sekeeping.              |                       |                        |             |      |     |
| Examine the battery & fire extir                            | nguisher.           |                             |                         |                       |                        |             |      |     |
| Check battery level to assure th                            | nat the unit can o  | perate the durat            | tion of the job         |                       |                        |             |      |     |
| Operator is responsible for insp                            | ecting all fall pro | tection and ens             | uring that all fall pro | tection is being worr | n and attached prope   | erly.       |      |     |
| Tires/Rollers/Monitor tire air pre                          | essure if pneuma    | itic.                       |                         |                       |                        |             |      |     |
| Front Right psi   | Front Left psi      |                             | Right Rear psi          |                       | Left Rear psi          |             |      | -   |
| KEY ON Procedures   |                     |                             |                         |                       |                        | Pass        | Fail | N/A |
| Check all ground controls for pr                            | oper operation, i   | ncluding emerg              | ency lowering mea       | ns (remember, these   | could save your life). |             |      |     |
| Check all basket controls, foot s                           | switch, horn for p  | roper operation             | l.                      |                       |                        |             |      |     |
| Battery discharge indicator, Ho                             | ur meter.           |                             |                         |                       |                        |             |      |     |
| Steering and drive system                                   |                     |                             |                         |                       |                        |             |      |     |
| Check limit switches, alarms, ar the basket).               | nd flashing beacc   | on if equipped (o           | perating the lift by I  | raising/swing/extend  | ing booms, tilt/rotate | e           |      |     |
| Starting Hour Meter R                                       | leading             | Operator's<br>Employee ID # | Operator's              | Printed Name          | Operat                 | or's Signat | ure  |     |
|   | Hours               |                             |                         |                       |                        |             |      |     |

| Instructions: An Operator must conduct a Site Hazard Assessment for Industrial Lift Equipment                     |
|---|
| owned/operated by each department to identify all hazards in the area of intended work, and to select             |
| appropriate equipment for the work-task. Unlike other Industrial Equipment, each time an Aerial Lift or Elevating |
| Work Platform unit is used the site must be reassessed and documented on this form.                               |

Aerial Lift Site/Operation Hazard Assessment Department

nt

Location(s)

Type of Work to be conducted

| Site Evaluation   | YES | NO | N/A |
|---|-----|----|-----|
| Is the work surface structurally strong enough to handle the lift, and free of drop-offs?   |     |    |     |
| Are surface conditions where the lift is used free of obstructions and on level surface?  |     |    |     |
| Are there proper barricades to control pedestrian and vehicle traffic in the work zone?   |     |    |     |
| Are there overhead obstructions or restricted places where the lift will be operated?   |     |    |     |
| Will the basket handle the loads to be carried without exceeding the rated capacity?  |     |    |     |
| Are there ramps and other sloped surfaces that could affect the vehicle's stability?  |     |    |     |
| Will the lift be used for electrical work or near high voltage lines?   |     |    |     |
| Are there Classified Hazardous locations where the vehicle will be operated?  |     |    |     |
| Is there an enclosed environment(s) or other areas where insufficient ventilation or poor<br>vehicle maintenance could cause a build-up of carbon monoxide or diesel exhaust buildup<br>for combustion motors, or hydrogen gas buildup at electric vehicle recharging stations? |     |    |     |
| Is wind or other weather a concern? Are there sustained winds or gusts stronger than the manufacturer's rated design allowance?   |     |    |     |
| List below other potentially hazardous site-conditions that could affect safe operation:  |     |    |     |
| Process/Use of Lift Truck   | YES | NO | N/A |
| Has the proper Lift been chosen for the type of work being conducted?   |     |    |     |
| Does the Lift have the proper lift height and capacity for the job?   |     |    |     |
| Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?  |     |    |     |
| Is the basket free of trip hazards and proper housekeeping maintained?  |     |    |     |
| Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.)   |     |    |     |
| Is the fueling and/or charging area well ventilated?  |     |    |     |
| Is there proper lighting in the areas the Lift is being used?   |     |    |     |
| Are propane bottles being kept in a secure area, and are they tagged Full or Empty?   |     |    |     |
| List below other potentially hazardous process-conditions that could affect safe operation:   |     |    |     |

Operator/Evaluator

#### **Attachment 8 - Trailer Mounted Aerial Lift Pre-operation Inspection**

#### WEAR FALL PROTECTION WHEN USING THIS LIFT

| Lift MFG                                     |                      | Model                       |                          | Serial                        |                       |         |      |     |
|--|----------------------|-----------------------------|--------------------------|-------------------------------|-----------------------|---------|------|-----|
| Date   |                      | Start Time                  |                          | AM/PM (Circl                  | e one)                |         |      |     |
| KEY OFF Procedures                           |                      |                             |                          |                               |                       | Pass    | Fail | N/A |
| Check that the operator's manua limitations. | l and decals are ir  | place and legibl            | e, and that the opera    | tor has reviewed the manua    | I and is aware of its |         |      |     |
| Check Hydraulic cylinders/Lifting            | g mechanism/Fluid    | d level.                    |                          |                               |                       |         |      |     |
| Check welds, pins, missing nuts c            | or bolts and other   | structural parts t          | for cracks or defects    |                               |                       |         |      |     |
| Check outriggers, outrigger limiti           | ing switches, and    | locking pins.               |                          |                               |                       |         |      |     |
| Check platform entry mid-rail/ga             | te, and platform o   | r basket houseke            | eeping.                  |                               |                       |         |      |     |
| Examine the battery & fire exting            | uisher.              |                             |                          |                               |                       |         |      |     |
| Check battery level to assure tha            | t the unit can ope   | rate the duratior           | n of the job.            |                               |                       |         |      |     |
| Check trailer lights, reflectors, pa         | rking brake, axle    | components, sur             | ge brake, safety cha     | ins.                          |                       |         |      |     |
| Operator is responsible for inspe            | cting all fall prote | ction and ensurir           | ng that all fall protect | ion is being worn and attach  | ied properly.         |         |      |     |
| Tires/Rollers/Monitor tire air pres          | ssure if pneumatio   | 2.                          |                          |                               |                       |         |      |     |
| Front Right psi                              | Front Left psi       |                             | Right Rear psi           |                               | Left Rear psi         |         |      |     |
| KEY ON Procedures                            |                      |                             |                          |                               |                       | Pass    | Fail | N/A |
| Check all ground controls for pro            | per operation, inc   | luding emergend             | cy lowering means (r     | emember, these could save     | your life).           |         |      |     |
| Check all basket controls, foot sw           | vitch, horn for pro  | per operation.              |                          |                               |                       |         |      |     |
| Battery discharge indicator, Hour            | meter.               |                             |                          |                               |                       |         |      |     |
| Steering and drive system.                   |                      |                             |                          |                               |                       |         |      |     |
| Check limit switches, alarms, and            | I flashing beacon i  | if equipped (oper           | ating the lift by raisin | g/swing/extending booms, tilt | /rotate the basket).  |         |      |     |
| Check outriggers for proper oper             | ation if equipped.   |                             |                          |                               |                       |         |      |     |
| Starting Hour Meter R                        | leading              | Operator's<br>Employee ID # | Operato                  | r's Printed Name              | Operator'             | s Signa | ture |     |
|  | Hours                |                             |                          |                               |                       |         |      |     |



| Instructions: An Operator must conduct a Site Hazard Assessment for Industrial Lift Equipment                     |
|---|
| owned/operated by each department to identify all hazards in the area of intended work, and to select             |
| appropriate equipment for the work-task. Unlike other Industrial Equipment, each time an Aerial Lift or Elevating |
| Work Platform unit is used the site must be reassessed and documented on this form.                               |

## Aerial Lift Site/Operation Hazard Assessment Department:

Location(s)

Location(s) Type of Work to be conducted

| Type of Work to be conducted   |     |    |     |
|--|-----|----|-----|
| Site Evaluation  | YES | NO | N/A |
| Is the work surface structurally strong enough to handle the lift, and free of drop-offs?  |     |    |     |
| Are surface conditions where the lift is used free of obstructions and on level surface?   |     |    |     |
| Are there proper barricades to control pedestrian and vehicle traffic in the work zone?  |     |    |     |
| Are there overhead obstructions or restricted places where the lift will be operated?  |     |    |     |
| Will the basket handle the loads to be carried without exceeding the rated capacity?   |     |    |     |
| Are there ramps and other sloped surfaces that could affect the vehicle's stability?   |     |    |     |
| Will the lift be used for electrical work or near high voltage lines?  |     |    |     |
| Are there Classified Hazardous locations where the vehicle will be operated?   |     |    |     |
| Is there an enclosed environment(s) or other areas where insufficient ventilation or poor<br>vehicle maintenance could cause a build-up of carbon monoxide or diesel exhaust buildup<br>for combustion motors, or hydrogen gas buildup at electric vehicle recharging stations?  |     |    |     |
| Is wind or other weather a concern? Are there sustained winds or gusts stronger than the manufacturer's rated design allowance?  |     |    |     |
| List below other potentially hazardous site-conditions that could affect safe operation:   |     |    |     |
|  |     |    |     |
| Process/Use of Lift Truck  | YES | NO | N/A |
| Has the proper Lift been chosen for the type of work being conducted?  | YES | NO | N/A |
| Has the proper Lift been chosen for the type of work being conducted?<br>Does the Lift have the proper lift height and capacity for the job?   | YES | NO | N/A |
| Has the proper Lift been chosen for the type of work being conducted?<br>Does the Lift have the proper lift height and capacity for the job?<br>Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?   | YES | NO | N/A |
| Has the proper Lift been chosen for the type of work being conducted?Does the Lift have the proper lift height and capacity for the job?Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?Is the basket free of trip hazards and proper housekeeping maintained?   | YES | NO | N/A |
| Has the proper Lift been chosen for the type of work being conducted?<br>Does the Lift have the proper lift height and capacity for the job?<br>Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?   | YES | NO | N/A |
| <ul> <li>Has the proper Lift been chosen for the type of work being conducted?</li> <li>Does the Lift have the proper lift height and capacity for the job?</li> <li>Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?</li> <li>Is the basket free of trip hazards and proper housekeeping maintained?</li> <li>Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants,</li> </ul>   | YES | NO | N/A |
| <ul> <li>Has the proper Lift been chosen for the type of work being conducted?</li> <li>Does the Lift have the proper lift height and capacity for the job?</li> <li>Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?</li> <li>Is the basket free of trip hazards and proper housekeeping maintained?</li> <li>Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.)</li> </ul>  | YES | NO | N/A |
| <ul> <li>Has the proper Lift been chosen for the type of work being conducted?</li> <li>Does the Lift have the proper lift height and capacity for the job?</li> <li>Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?</li> <li>Is the basket free of trip hazards and proper housekeeping maintained?</li> <li>Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.)</li> <li>Is the fueling and/or charging area well ventilated?</li> </ul>  | YES | NO | N/A |
| <ul> <li>Has the proper Lift been chosen for the type of work being conducted?</li> <li>Does the Lift have the proper lift height and capacity for the job?</li> <li>Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?</li> <li>Is the basket free of trip hazards and proper housekeeping maintained?</li> <li>Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.)</li> <li>Is the fueling and/or charging area well ventilated?</li> <li>Is there proper lighting in the areas the Lift is being used?</li> </ul> | YES | NO | N/A |

#### Attachment 9 - Vehicle Mounted Lift Pre-operation Inspection

#### WEAR FALL PROTECTION WHEN USING THIS LIFT

| Lift MFG                                     |                      | Model                       |                          | Serial                        |                       |         |      |     |
|--|----------------------|-----------------------------|--------------------------|-------------------------------|-----------------------|---------|------|-----|
| Date   |                      | Start Time                  |                          | AM/PM (Circl                  | e one)                |         |      |     |
| KEY OFF Procedures                           |                      |                             |                          |                               |                       | Pass    | Fail | N/A |
| Check that the operator's manua limitations. | l and decals are ir  | place and legibl            | e, and that the opera    | tor has reviewed the manua    | l and is aware of its |         |      |     |
| Check Hydraulic cylinders/Lifting            | g mechanism/Fluid    | d level.                    |                          |                               |                       |         |      |     |
| Check welds, pins, missing nuts c            | or bolts and other   | structural parts f          | for cracks or defects    |                               |                       |         |      |     |
| Check outriggers, outrigger limit            | ing switches, and    | locking pins.               |                          |                               |                       |         |      |     |
| Check platform entry mid-rail/ga             | te, and platform o   | r basket houseke            | eeping.                  |                               |                       |         |      |     |
| Examine the battery & fire exting            | uisher.              |                             |                          |                               |                       |         |      |     |
| Check battery level to assure tha            | t the unit can ope   | rate the duration           | ı of the job.            |                               |                       |         |      |     |
| Check lights, reflectors, parking b          | orake.               |                             |                          |                               |                       |         |      |     |
| Operator is responsible for inspe            | cting all fall prote | ction and ensurin           | ng that all fall protect | ion is being worn and attach  | ed properly.          |         |      |     |
| Monitor tire air pressure.                   |                      |                             |                          |                               |                       |         |      |     |
| Front Right psi                              | Front Left psi       |                             | Right Rear psi           |                               | Left Rear psi         |         |      |     |
| KEY ON Procedures                            |                      |                             |                          |                               |                       | Pass    | Fail | N/A |
| Check all ground controls for pro            | per operation, inc   | luding emergend             | cy lowering means (r     | emember, these could save     | your life).           |         |      |     |
| Check all basket controls, foot sv           | vitch, horn for pro  | per operation.              |                          |                               |                       |         |      |     |
| Battery discharge indicator, Hour            | meter.               |                             |                          |                               |                       |         |      |     |
| Steering and drive system.                   |                      |                             |                          |                               |                       |         |      |     |
| Check limit switches, alarms, and            | l flashing beacon i  | f equipped (oper            | ating the lift by raisin | g/swing/extending booms, tilt | /rotate the basket).  |         |      |     |
| Check outriggers, leveling jacks a           | and foot pads.       |                             |                          |                               |                       |         |      |     |
| Starting Hour Meter R                        | leading              | Operator's<br>Employee ID # | Operato                  | 's Printed Name               | Operator'             | s Signa | ture |     |
|  | Hours                |                             |                          |                               |                       |         |      |     |





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| Instructions: An Operator must conduct a Site Hazard Assessment for Industrial Lift Equipment                     |
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| owned/operated by each department to identify all hazards in the area of intended work, and to select             |
| appropriate equipment for the work-task. Unlike other Industrial Equipment, each time an Aerial Lift or Elevating |
| Work Platform unit is used the site must be reassessed and documented on this form.                               |

### Aerial Lift Site/Operation Hazard Assessment Department

Location(s)

Type of Work to be conducted

| Site Evaluation   | YES   | NO     | N/A |
|---|---|--------|-----|
| Is the work surface structurally strong enough to handle the lift, and free of drop-offs?   |   |        |     |
| Are surface conditions where the lift is used free of obstructions and on level surface?  |   |        |     |
| Are there proper barricades to control pedestrian and vehicle traffic in the work zone?   |   |        |     |
| Are there overhead obstructions or restricted places where the lift will be operated?   |   |        |     |
| Will the basket handle the loads to be carried without exceeding the rated capacity?  |   |        |     |
| Are there ramps and other sloped surfaces that could affect the vehicle's stability?  |   |        |     |
| Will the lift be used for electrical work or near high voltage lines?   |   |        |     |
| Are there Classified Hazardous locations where the vehicle will be operated?  |   |        |     |
| Is there an enclosed environment(s) or other areas where insufficient ventilation or poor<br>vehicle maintenance could cause a build-up of carbon monoxide or diesel exhaust buildup<br>for combustion motors, or hydrogen gas buildup at electric vehicle recharging stations?   |   |        |     |
| Is wind or other weather a concern? Are there sustained winds or gusts stronger than the manufacturer's rated design allowance?   |   |        |     |
|   |   |        |     |
| List below other potentially hazardous site-conditions that could affect safe operation:  |   |        |     |
| List below other potentially hazardous site-conditions that could affect safe operation:<br>Process/Use of Lift Truck   | YES   | NO     | N/A |
|   | YES   | NO     | N/A |
| Process/Use of Lift Truck   | YES   | NO     | N/A |
| Process/Use of Lift Truck<br>Has the proper Lift been chosen for the type of work being conducted?  | YES   | NO     | N/A |
| Process/Use of Lift Truck         Has the proper Lift been chosen for the type of work being conducted?         Does the Lift have the proper lift height and capacity for the job?   | YES   | NO     | N/A |
| Process/Use of Lift Truck         Has the proper Lift been chosen for the type of work being conducted?         Does the Lift have the proper lift height and capacity for the job?         Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?  | YES   | NO     | N/A |
| Process/Use of Lift TruckHas the proper Lift been chosen for the type of work being conducted?Does the Lift have the proper lift height and capacity for the job?Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?Is the basket free of trip hazards and proper housekeeping maintained?Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants,   | YES   | NO<br> | N/A |
| Process/Use of Lift TruckHas the proper Lift been chosen for the type of work being conducted?Does the Lift have the proper lift height and capacity for the job?Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?Is the basket free of trip hazards and proper housekeeping maintained?Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.)  | YES   | NO     | N/A |
| Process/Use of Lift TruckHas the proper Lift been chosen for the type of work being conducted?Does the Lift have the proper lift height and capacity for the job?Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?Is the basket free of trip hazards and proper housekeeping maintained?Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.)Is the fueling and/or charging area well ventilated?  | YES   | NO     | N/A |
| Process/Use of Lift TruckHas the proper Lift been chosen for the type of work being conducted?Does the Lift have the proper lift height and capacity for the job?Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used?Is the basket free of trip hazards and proper housekeeping maintained?Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.)Is the fueling and/or charging area well ventilated?Is there proper lighting in the areas the Lift is being used? | YES           - | NO     | N/A |