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| --- | --- |
| Work Site / Customer      | Machine type / details / ID Number      |
|  COMMISSIONING AND WEEKLY INSPECTION OF THE MEWP |



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| --- | --- | --- | --- |
| Target of inspection | OK | Failure / Missing | Fixed |
| Operating and Maintenance instructions, warning signs (exist) |  |       |       |
| Lift mounted/erected according to instructions |  |       |       |
| Lift position levelled and in balance |  |       |       |
| Outriggers in support position (functionality) |  |       |       |
| Operating ground bearing capacity ensured |  |       |       |
| Emergency stop, auxiliary power (functionality) |  |       |       |
| Control equipment (functionality) |  |       |       |
| Warning signal and light indicators (functionality) |  |       |       |
| Visibility of lift (warning lights and other indicators) |  |       |       |
| Worktop fall protection, operators wear safety harness (if required) |  |       |       |
| Maximum load limits (functionality) |  |       |       |
| Limit switches, brakes (functionality) |  |       |       |
| Oil leakages, other visible damages or other notices |  |       |       |
| Workplatform stabilizing equipment |  |       |       |
| No electric wires or other avoidable obsticles close to operation area, ground level uniquality checked |  |       |       |
| Routes / Operation area checked |  |       |       |
| Operation Plan (if required) |  |       |       |
| Approvals of other inspections checked (inspection plate and documents) |  |       |       |
| All operators has passed operating scooling/education |  |       |       |
| Daily operating tests agreed |  |       |       |
| Other:      |  |       |       |
|       |  |       |       |

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| Date | Author / Inspector(s) |
|       |  |       |  |       |
|  |  |  |  |  |

**Please, send signed Inspection Form to your immediate supervisor and a copy by email to:****tilaukset@nostinrent.fi**

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