VUL-FRM-10-13- ELEVATED WORK PLATFORM INSPECTION FORM

Equipment Owner/Responsible person		**Equipment Type**	
Company or Department		**Call sign/Equip ID**	
Inspected by (name)		**Registration No**	
Inspection Company		**Declaration**	☐ Yes ☐ No
Hour Meter/Speedometer Reading		**Towing Capacity**	
First Inspection	☐	**Annual Inspection**	☐
Random Inspection	☐	**Re-inspection**	☐

	Pass	Fail	Report	N/A
Battery condition	☐	☐	☐	☐
Brackets, pins & hinge points	☐	☐	☐	☐
Control levers clearly labelled directional arrows	☐	☐	☐	☐
EDD – Emergency Descent Device (Harness & Safety equipment)	☐	☐	☐	☐
Emergency stop in basket & at ground controls	☐	☐	☐	☐
Engine / Drive motor	☐	☐	☐	☐
Engine Safety Guards	☐	☐	☐	☐

	Pass	Fail	Report	N/A
Hydraulics	☐	☐	☐	☐
Identification signage	☐	☐	☐	☐
Isolation – Battery	☐	☐	☐	☐
Isolation – Starter motor	☐	☐	☐	☐
Jump start receptacle	☐	☐	☐	☐
Label – Emergency procedures	☐	☐	☐	☐
Labels – (WLL, O/H Powerlines)	☐	☐	☐	☐

	Pass	Fail	Report	N/A
Operating instructions	☐	☐	☐	☐
Outriggers – striping	☐	☐	☐	☐
Pre-operation safety checklist	☐	☐	☐	☐
Pre-safety checks (log book)	☐	☐	☐	☐
Radiator pressure relief system	☐	☐	☐	☐
Reversing / travel alarm	☐	☐	☐	☐
Stabilisation interlocks	☐	☐	☐	☐

	Pass	Fail	Report	N/A		Pass	Fail	Report	N/A		Pass	Fail	Report	N/A
Exhaust system	☐	☐	☐	☐	Levers / Joystick / Switches	☐	☐	☐	☐	Statutory electrical inspection	☐	☐	☐	☐
Fire extinguishers	☐	☐	☐	☐	Lifting equipment	☐	☐	☐	☐	Statutory structural safety inspection	☐	☐	☐	☐
Fuel Cap	☐	☐	☐	☐	Lights – Flashing / rotating amber	☐	☐	☐	☐	Trailer brakes (if required)	☐	☐	☐	☐
Ground level override	☐	☐	☐	☐	Maintenance & inspection record	☐	☐	☐	☐	Tyres & Wheels	☐	☐	☐	☐
Harness connection point	☐	☐	☐	☐	Modifications?	☐	☐	☐	☐	Wheel Chocks	☐	☐	☐	☐

INSPECTION RESULTS					
Two Way Radio	**Ext aerial ☐**	**Hand Held ☐**	**Two Way Channels**		
Compliant Yes ☐ ☐ No	**Scanned and sent to Compliance Coordinator?**			**Yes ☐ No ☐**	**Date:**
COMMENTS OR DETAILS OF REPAIRS NEEDED					

I certify that the equipment stated on this form has been assessed for compliance to the Vulcan Mine Project Equipment Compliance System and supporting Inspection Guidelines (Mention SOP).

Name of Authorised Inspector	Signature	Date	Location of Inspection

Equipment Compliance	Signature	Date

Mechanical Engineer Manager or Delegate	Signature	Date