|  |
| --- |
| ELEVATED WORK PLATFORM PRE-MOBILISATION CHECKLIST |

|  |
| --- |
|  Vehicle Information |
| Asset No. / Registration No. |  | **Asset description** |  |
| Hours / Km |  | **Date of Hours/Km** |  |
| Project name |  | **Next Service due (Hours/Km)** |  |
| Contractor/supplier |  | **Manufacturer** |  |

|  |  |  |
| --- | --- | --- |
| PART A – Laing O’Rourke Minimum Requirements for Plant | Owner / Supplier | Laing O’Rourke |
|  | **YES** | **NO** | **Approved** |
| Design compliance plate fitted stating AS1418.10 |[ ] [ ] [ ]
| Fire extinguisher minimum 4.5 kgs (Class ABE) tagged and tested within 6 months  |[ ] [ ] [ ]
| A small extinguisher minimum of 1kg dry chemical (class ABE) located within the cabin and identified decal on the door  |[ ] [ ] [ ]
| Flasher amber beacon visible from 360 degrees  |[ ] [ ] [ ]
| Reverse/Travel/Slewing alarm  |[ ] [ ] [ ]
| For equipment with extendable booms, overhead power line signage affixed in cabin |[ ] [ ] [ ]
| Lockable batter isolation switch c/w identification decal |[ ] [ ] [ ]
| Emergency stop (with decal) easily and safely accessible from outside plant  |[ ] [ ] [ ]
| Guarding (lockable door and/or limit switch and/or guarding over parts  |[ ] [ ] [ ]
| Safety signage in place for pinch points, reeving winch, warnings, emergency etc  |[ ] [ ] [ ]
| Basket/Platform with hand rails on all sides |[ ] [ ] [ ]
| Kick plates around all edges of basket/platform |[ ] [ ] [ ]
| Designated harness anchor points (undamaged, labelled)  |[ ] [ ] [ ]
| Gate or drop bar self closes and held by latch, spring or gravity  |[ ] [ ] [ ]
| Safe Work Load (SWL) marked clearly on platform and compliance plate  |[ ] [ ] [ ]
| Maximum allowable side force clearly marked on platform  |[ ] [ ] [ ]
| Maximum allowable chassis inclination (side slope) clearly marked on compliance plate  |[ ] [ ] [ ]
| Wind rating marked on platform, includes indoor and outdoor use Outdoor must at least be 12.5m/s |[ ] [ ] [ ]
| All controls/instruments (platform & ground) clearly labelled and legible  |[ ] [ ] [ ]
| Dead-man function integral to controls  |[ ] [ ] [ ]
| Electrical Hazard NO-GO ZONE decal fitted and legible  |[ ] [ ] [ ]
| Basket control levers protected form unintended operations (e.g guard)  |[ ] [ ] [ ]
| For Telescopic boom lifts: Secondary guarding system. Protective structures must be fitted with push bars  |[ ] [ ] [ ]
| Rated lifting points c/w identification decal( where fitted)  |[ ] [ ] [ ]
| Hold Point: Confirm Project specific / Client addition requirements | Signature: |[ ] [ ]
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| PART B – Condition of Plant and Equipment  | Owner / Supplier | Laing O’Rourke |
|  | **YES** | **NO** | **Approved** |
| General cleanliness inside and outside is acceptable  |[ ] [ ] [ ]
| Free from any visible damage  |[ ] [ ] [ ]
| Braking and steering system functional |[ ] [ ] [ ]
| Exhaust system in good condition |[ ] [ ] [ ]
| Free of visible oil/water leaks |[ ] [ ] [ ]
| Check hydraulic and fuel system hoses and fittings for wear and damage  |[ ] [ ] [ ]
| Function test (slewing, telescope, boom/riser, basket level and rotates, travel)  |  |  |  |
| Electrical outlets are tested and tagged within date  |  |  |  |
| Tyres in good condition  |[ ] [ ] [ ]
| The plant and equipment has been inspected prior to arrival |[ ] [ ] [ ]
| Plant/equipment is free from weeds and seeds  |[ ] [ ] [ ]
|  |  |  |  |
|  |[ ] [ ] [ ]
| **PART C – Compliance documentation**  | **Owner / Supplier** | **Laing O’Rourke** |
|  | **YES** | **NO** | **Approved** |
| EWP log book  |[ ] [ ] [ ]
| Operators Manual specific to make and model |[ ] [ ] [ ]
| Plant Risk Assessment specific to make and model |[ ] [ ] [ ]
| Daily Pre-start book specific to asset type |[x] [ ] [ ]
| Quarterly inspection record  |[x] [ ] [ ]
| Annual Inspection record  |[x] [ ] [ ]
| Service / Maintenance history (minimum of 3 months records) |[ ] [ ] [ ]
| Change management documents available for any modification  |  |  |  |
|  |  |  |  |
| Hold Point: Confirm Project specific / Client addition requirements | Signature: |
|  |[ ] [ ] [ ]
| **Comments: For items ticked No give reason in the comments section below** |
| Notes on minimum requirements exceptions; list additional included asset or serial numbers; any further information: |
|  |
| **Pre-mobilisation declaration (Equipment owner / supplier)** |
| Date of final report: |  | Hours / Km at final report: |   | Ignition, toolbox and panel keys present with machine? | Yes [ ] No [ ]  |
| I declare that this machine is in a safe condition, is free from defect and is fit for purpose: |
| Name:  |  | Position:  |  | Signature: |  | Date: |  |
| Signed and accepted by project: |
| Name:  |  | Position:  |  | Signature: |  | Date: |  |