



MEWP Safe Use Checklist

COMPANY NAME:	BRANCH/LOCATION:
JOBSITE LOCATION:	DATE: MM/DD/YYYY

ASSESSOR(S) NAME/CONTACT INFO.:

ITEM	ISSUES			COMMENTS
	YES	NO	N/A	
1. Site Risk Assessment:	YES	NO	N/A	
a) Hazards identified.				
b) Risks evaluated.				
c) Control measures developed.				
d) Safety procedures communicated.				
e) Other:				
2. Worksite Inspection:	YES	NO	N/A	
a) Drop-offs/Holes.				
b) Bumps & floor/ground obstructions.				
c) Debris.				
d) Overhead obstructions.				
e) Electrical conductors.				
f) Hazardous locations.				
g) Ramps/Slopes.				
h) Ground surface & support conditions.				
i) Pedestrian/Vehicle/Equipment traffic.				
j) Weather conditions.				
k) Other:				
3. MEWP:	YES	NO	N/A	
a) Suitable type selected.				
b) Inspected/Maintained as required.				
c) Protect from unauthorized use.				
d) Accessories/Other equipment suitable.				
e) Proper records/documentation retained.				
f) Other:				
4. Personnel:	YES	NO	N/A	
a) Operators trained/familiarized/authorized.				
b) Occupants trained.				
c) Supervisors trained.				
d) Rescue personnel trained & designated.				
e) Non-MEWP personnel trained/aware.				
f) Other:				