



MEWP Worksite Inspection			
Company Name:			Date: MM/DD/YYYY
Site Location:			
Inspection Location:			
Completed by:			
Hazard Present		Yes/No ✓ / X	Control Measures/Comments
1	Drop-off holes.		
2	Slopes.		
3	Bumps/Floor obstructions.		
4	Debris.		
5	Overhead obstructions.		
6	Electrical conductors.		
7	Hazardous atmospheres/locations.		
8	Support surface conditions.		
9	Wind and weather conditions.		
10	Presence of personnel/other equipment.		
11	Other*		