

(Genie Lift Authorization Form Page 1 of 2)

# Western University Facilities Management

#### **Genie Lift**





(Scissor Lift Authorization Form Page 1 of 2)

# Western University Facilities Management

#### **Scissor Lift**

**All** users of this equipment must comply with the procedures/standards outlined in Facilities Management



(Scissor Lift Authorization Form Page 2 of 2)

PRE-USE DAILY INSPECTION CHECKLIST ELEVATED WORK PLATFORMS						
NAME:						
DATE:						
MAKE: Skyjack – Scissor Lift MODEL: SJ113226 SERIAL			#: 27005239			
DATE OF MANUFACTURE: 01/09						
PRE-OPERATIONAL	ок	NEEDS	OPERATIONAL		OK	NEEDS
DESCRIPTION	UK	REPAIR	DESCRIPTION		oĸ	REPAIR
OPERATOR'S MANUAL			MAIN STATION			
ANNUAL INSP. CURRENT ON UNIT			MAIN CONTROL PANEL	LABELLING		
SPEC. PLATE/DATE OF MANUFACTURE			MAIN CONTROL PANEL FUNCTION			
TIRES/RIMS/LUG NUTS			EMERGENCY LOWERING FUNCTION			
STRUCTURAL (WELD, PINS, ETC.)			OPERATING STATION			
DECK AND ANCHOR POINTS			OPERATING STATION CLEAN			
HYDRAULIC SYSTEM AND FLUID			CONTROL FUNCTION LABELLING			
SAFETY DECALS LEGIBLE			BATTERIES & CHARGER	₹		
ELECTRICAL 110v SYSTEM	CTRICAL 110v SYSTEM OUTRIGGERS AND LOCKING PINS					
LEAKS (HYDR./OIL/WATER)	KS (HYDR./OIL/WATER) EMERGENCY STOP FUNCTION					

DOORS, GA/8 0.47 0.48052.73 0.48 14.42



(Self Propelled Genie Authorization Form Page 1 of 2)

# Western University Facilities Management

#### **Self Propelled Genie**

**All** users of this equipment must comply with the procedures/standards outlined in Facilities Management Work Procedure WP-42, Elevating Work Platforms. This Work Procedure requires that the user wear a harness, lanyard and a hard hat.

Each person using this EWP must have received training within the past 3 years, must sign and date this authorization form and must complete the Pre-Use Inspection form (reverse side of this form). The pre-use inspection will be done after the lift is assembled and read to5(sing)27(W)



(Self Propelled Genie Authorization Form Page 2 of 2)

PRE-USE DAILY INSPECTION CHECKLIST ELEVATED WORK PLATFORMS				
NAME:				
DATE:				



(Stacks Genie Authorization Form Page 1 of 2)

# Western University Facilities Management

#### **Stacks Genie**

**All** users of this equipment must comply with the procedures/standards outlined in Facilities Management Work Procedure WP-42, Elevating Work Platforms. This Work Procedure requires that the user wear a harness, lanyard and a hard hat.

Each person using this EWP must have received training within the past 3 years, must sign and date this authorization form and must complete the Pre-Use Inspection form (reverse side of this form). The pre-use inspection will be done after the lift is assembled and ready for use, and **before** going up in the lift. Any defects or deficiencies will be noted on the form and reported to the Tool Crib Technician.

Upon completion of the work for which this equipment has been signed out the user must return the key and this form to the Tool Crib Technician. Under no circumstance will the user turn over the key to another individual for work on another job/work order.

I,(Please Print)		_, have read, understood and met the requirements for using this elevating work platform.		
Signature	Date	Work Order		
I,(Please Print)	, have read, understood and met the requirements for using this elevating work platform.			
Signature	Date	Work Order		



(Stacks Genie Authorization Form Page 2 of 2)

PRE-USE DAILY INSPECTION CHECKLIST ELEVATED WORK PLATFORMS				
NAME:				
DATE:				
MAKE: Genie	MODEL: IWP30S	<b>SERIAL #:</b> IWP16G-9905		
DATE OF MANUFACTURE: 2016				

**PRE-OPERATIONAL**