

Attachment 9 – Lift Equipment Survey for Department

Instructions: Use this form to identify all equipment impacted by the Aerial Lift Safety Program. This must be done by physical inspection. This survey may be conducted by a Responsible Person in a department, Safety Coordinator, or their designee. Update the inventory list as equipment is purchased or retired from service and at least annually. **Note: An inventory of all Aerial Lift/Platform devices owned and operated by a department must be conducted and reported to Fleet Services.**

MFR	Type	Power Source	Name Plate Data	Max. Lift Capacity	Locations	PPE	Users
Example: Gene	Scissor Lift	Electric/ AC-DC	Model ZH1 S/N 4561V12X789	Platform 600 lbs.	Wine/Vit	Full body harness w/Lanyard	Wine/Vit Staff Trained Student Workers