

PERSONNEL LIFT PLATFORM PROOF TEST & PRE-LIFT INSPECTION

Inspector: _____

Date: _____

Platform ID: _____

1. Proof test weight: _____

Completed (date/time): _____ AM/PM

Completed by: _____

2. Markings	Satisfactory	Unsatisfactory
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Platform (all information legible)	_____	_____
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Suspension system	_____	_____
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3. Structure

Load-supporting welds/bolts free of defects	_____	_____
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Load-supporting members	_____	_____
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Barrier from toeboard to intermediate rail	_____	_____
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Handrail	_____	_____
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Fall protection device anchorage points	_____	_____
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Gate-locking mechanisms (safety latch)	_____	_____
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Platform flooring free of distortion	_____	_____
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Suspension attachment points	_____	_____
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4. Attachment Mechanisms

Pins/ears/bolt-ups/eyes (circle)	_____	_____
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Wire rope/chain/rigid leg (circle)	_____	_____
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Master links	_____	_____
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5. Special Purpose Items

(e.g. Overhead protection)

List: (1) _____	_____	_____
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(2) _____	_____	_____
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(3) _____	_____	_____
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5. General comments: _____

Lift Director Signature & ID Number