



EWP DAILY INSPECTION FORM

This inspection report form is required prior to being used for the first time every day. A separate report must be completed for each unit. After completion this report shall be forwarded to the DBN Drywall & Acoustics Ltd Site Supervisor.

INSPECTION INFORMATION			
Name:		Time:	
Date:		Signature:	
Project:		Owner:	
EWP INFORMATION			
Make:		Year:	
Model:		Serial #:	
Unit #:		Power By:	Gas Propane Electric
INSPECT AND CHECK ONE:			
PART	STATUS	PART	STATUS
Lights:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Guardrails:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Tires:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Anchor Points:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Pedals:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Audio Alarm:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Controls:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Knobs, Handles:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Fire Extinguisher:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Battery Cable & Lines:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Horn working:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydraulic Hoses:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Manuals:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Boom Mast:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
INSPECT AND CHECK ONE:			
POWER	STATUS	COMMENT – DAMAGE	
Engine:	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty <input type="checkbox"/> Leaks		
Engine Oil:	<input type="checkbox"/> Full <input type="checkbox"/> Low		
Battery water level:	<input type="checkbox"/> Full <input type="checkbox"/> Low		
Propane Supply Cylinder:	<input type="checkbox"/> Full <input type="checkbox"/> Low		
OVERALL RATING: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			