



# EWP – Yearly Inspections (Producer Inspection)



Assessed by: \_\_\_\_\_ Position: \_\_\_\_\_ Date: / /20

EWP Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date of Manufacture: \_\_\_\_/\_\_\_\_/\_\_\_\_ Owners Plant Number: \_\_\_\_\_

This inspection check sheet has been produced to assist Owners of Elevating Work Platforms to meet their obligations.

A complete inspection is required:

- (a) Before commissioning tests
- (b) As often as is necessary to ensure that the Elevating Work Platform is maintained in a safe and satisfactory structural and mechanical condition to ensure the safety of persons working from these machines.

*It is recommended that this be done at least **every 12 months** and more frequently when the conditions of use are particularly severe or as required by the Manufacturer.*

The items in the following sheet are those that would normally be included in a thorough inspection schedule. *However, items not referred to in this list are not precluded from requiring inspection.*

### THIS SHEET IS INTENDED AS A GUIDE ONLY

Persons or organisations conducting testing and inspections are encouraged to develop their own testing and inspection manual. This manual should set out complete details of all testing and inspections carried out and the standards to which the inspections comply.

### Please Note:

**For ALL Inspection details the Manufacturer’s recommendations & procedures should be adhered to. For further guidance please refer to AS 2550.10 – 2006**



# EWP – Yearly Inspection



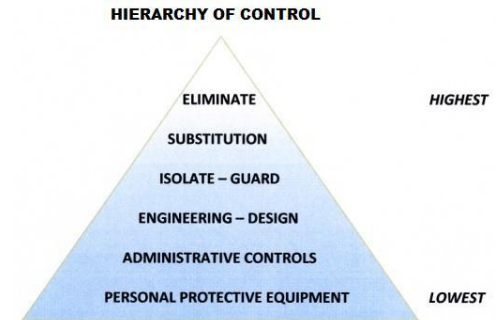
**Business & Address:** \_\_\_\_\_ **Property Name:** \_\_\_\_\_

**Audit Team:** \_\_\_\_\_ **Audit Date:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

**Plant Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Asset ID #:** (If applicable) \_\_\_\_\_

RISK CALCULATOR	LIKELIHOOD – The likelihood of the exposure causing injury to a person given the frequency of exposure				
	ALMOST CERTAIN <i>Is expected to occur in most circumstances</i>	LIKELY <i>Will probably occur in most circumstances</i>	POSSIBLE <i>Might occur at sometime</i>	UNLIKELY <i>Could occur at sometime</i>	RARE <i>May occur in exceptional circumstances</i>
<b>CONSEQUENCES</b> How severely could it hurt someone					
<b>CATASTROPHIC</b> <i>Death or permanent disability</i>	EXTREME	EXTREME	EXTREME	EXTREME	HIGH
<b>MAJOR</b> <i>Serious bodily injury</i>	EXTREME	EXTREME	EXTREME	HIGH	HIGH
<b>MODERATE</b> <i>Casualty Treatment</i>	EXTREME	HIGH	HIGH	MODERATE	MODERATE
<b>MINOR</b> <i>First aid only, no lost time</i>	HIGH	HIGH	MODERATE	LOW	LOW
<b>INSIGNIFICANT</b> <i>No injuries</i>	HIGH	MODERATE	LOW	LOW	LOW

RISK CLASS	ACTION REQUIRED
OK or Not Applicable	<b>No Foreseeable Risk - OK</b> for now; <b>Review</b> if any equipment/people/materials/work methods or procedures change. <b>Or</b> this particular inspection item is <b>Not Applicable</b> to this workplace
EXTREME	<b>Extreme Risk - Act Now Do something about these risks immediately.</b> Stop the task until the hazard is controlled and the risk managed.
HIGH	<b>High Risk - Act As Soon As Possible.</b> Do something to manage these risks as soon as possible. Consultant with Management
MODERATE	<b>Moderate Risk - Develop a PLAN</b> to manage these risks / note any suggestions on how the risk might be managed.
LOW	<b>OK</b> for now <b>Review</b> if any equipment/people/materials/work methods or procedures change.



IDENTIFIED HAZARDS	OK or NA	EXTREME (Act Now)	HIGH (Act ASAP)	MODERATE (Plan)	LOW (Review)
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**ANNUAL INSPECTION CHECKLIST** By a Competent Person (Ref AS 2550.10-2006 Part 1.3.3)

**BOOM** Inspect for cracks, dents and wear on sliding surfaces

1. Butt section					
2 <sup>nd</sup> Section					
3 <sup>rd</sup> Section					
4 <sup>th</sup> Section					
2. Boom base or Mounting structure					
3. Platform levelling system (including; wire ropes, rods, chains, sprockets, hydraulic cylinders)					

IDENTIFIED HAZARDS	OK or NA	EXTREME (Act Now)	HIGH (Act ASAP)	MODERATE (Plan)	LOW (Review)
4. Linkages and pins					
5. Boom actuating cylinders, hydraulic lock valves, linkages and pins					
<b>BASKET</b>					
6. Basket attachment to boom.					
7. Safety harness anchorage point.					
8. Basket extension – rotating or shift mechanism.					
9. Decent locking or controlled rate system operational.					
10. Controls return to neutral detent.					
11. Deadman control operational.					
12. Safety interlocks operational.					
13. Control labelling clear and legible.					
14. Emergency stop operational.					
15. Level indicator operational.					
16. Emergency retrieval or lowering system operational.					
<b>OUTRIGGERS OR STABILIZERS</b>					
17. Floor plates.					
18. Axle locks (vehicle mounted).					
19. General condition.					
<b>SLEW RING</b>					
20. Slew ring bolts checked.					

IDENTIFIED HAZARDS	OK or NA	EXTREME (Act Now)	HIGH (Act ASAP)	MODERATE (Plan)	LOW (Review)
21. Slew drive mechanism.					
22. Slew brake operational.					
23. Slew lock operational.					
24. Attachment to vehicle / carrier.					
25. General condition.					
<b>VEHICLE OR CARRIER</b>					
26. Chassis condition.					
27. Wheel and tyres.					
28. Service brake.					
29. Park brake.					
30. Steering condition (linkages and pins).					
31. Trailer coupling.					
32. Warning device operational.					
33. General condition.					
<b>SIGNAGE</b>					
34. Safe Working Load (SWL) displayed.					
35. Warning and operational instructions displayed on control panel.					
36. Manufacture’s information displayed (make, model, mass etc).					
<b>HYDRAULICS</b>					
37. Condition of hoses and fittings.					

IDENTIFIED HAZARDS	OK or NA	EXTREME (Act Now)	HIGH (Act ASAP)	MODERATE (Plan)	LOW (Review)
38. Pressure relief device operational.					
39. Circuit diagram available.					
40. Reservoir condition.					
41. Fluid type displayed.					
<b>GENERAL</b>					
42. Access for operations and servicing.					
43. Guarding in place.					
44. Cleanliness.					
45. Engine exhaust system condition.					
46. Load indicating device operational (if fitted).					
47. Log book.					
48. Manufacture’s operators manual.					

**DETAILS OF ANY REPAIRS OR MODIFICATIONS CARRIED OUT**

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Attach details of any non destructive testing (NDT) to this report.

**RISK ASSESSMENT AND MANAGEMENT RECORD**

**HIERARCHY OF CONTROLS PLANNED OR IMPLEMENTED**

Item #	Date	Identified Hazard	Assessed Risk Level	Control 1 Eliminate	Control 2 Substitute	Control 3 Isolate or Guard	Control 4 Redesign or Engineering	Control 5 Administration	Control 6 PPE

**IMPLEMENTATION AND CONTROL SHEET**

Item #	RISK MANAGEMENT ACTION REQUIRED	Responsible Person	Cost \$	Target Date	Date Actioned	Revised Risk Level after Action