



Pre-Operational Check (Power Turned Off)

Name: _____

Dept: _____

Date: _____

Make: _____

Serial #: _____

Checklist Items	Operational		Comments
	Yes	No	
Outside			
Door/Hinges/Latches	<input type="checkbox"/>	<input type="checkbox"/>	
Structural Components	<input type="checkbox"/>	<input type="checkbox"/>	
Nuts/ Bolts/ Fasteners	<input type="checkbox"/>	<input type="checkbox"/>	
Outriggers	<input type="checkbox"/>	<input type="checkbox"/>	
Leveling Jacks/Foot Pads	<input type="checkbox"/>	<input type="checkbox"/>	
Chassis Trays	<input type="checkbox"/>	<input type="checkbox"/>	
Ground Controls	<input type="checkbox"/>	<input type="checkbox"/>	
Wheel/Tire Assembly	<input type="checkbox"/>	<input type="checkbox"/>	
Cylinders/Chains	<input type="checkbox"/>	<input type="checkbox"/>	
Boom Sections	<input type="checkbox"/>	<input type="checkbox"/>	
Turret Bearing & Pinion	<input type="checkbox"/>	<input type="checkbox"/>	
Wiring	<input type="checkbox"/>	<input type="checkbox"/>	
Light Covers	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic Fluid/Engine Oil	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel Tank/Fuel Level	<input type="checkbox"/>	<input type="checkbox"/>	
Battery	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding Strap	<input type="checkbox"/>	<input type="checkbox"/>	

Platform Position

Safety Information	<input type="checkbox"/>	<input type="checkbox"/>	
Platform Assembly/Gate/Chain	<input type="checkbox"/>	<input type="checkbox"/>	
Joy Stick/Cable/Platform Controls	<input type="checkbox"/>	<input type="checkbox"/>	
Foot Switch	<input type="checkbox"/>	<input type="checkbox"/>	
Instrument Panel	<input type="checkbox"/>	<input type="checkbox"/>	
Decals/Labels/Capacity Plates	<input type="checkbox"/>	<input type="checkbox"/>	
Platform Extension	<input type="checkbox"/>	<input type="checkbox"/>	