

PEJABAT PERSEKITARAN, KESELAMATAN DAN KESIHATAN PEKERJAAN (OSHE)



EQUIPMENT CHECKLIST: MOBILE ELEVATED WORK PLATFORM / SKYLIFT

CONTRACTOR NAME :	(For Office Use only)		
AREA INSPECTED :	Ref no. : OSHE.INSP.MEWP.2020 ()		
INSPECTION DATE:	INSPECTION TIME: AM/PM		
MODEL:	REG. NO. :		

INSPECTION RECORDS

NO.	ITEM	OK	NO	REMARK
1.	Certificate For Fitness by DOSH (PMA NO.) - Validity			
2.	Boom Angle Indicator			
3.	Load Chart & Load Indicator			
4.	Over Boom Cut Off			
5.	Out-Riggers Hydraulic			
6.	Counter Balance (Leveling)			
7.	Main Bucket			
8.	Platform Control			
9.	Emergency Stop Button			
10.	Base Plate			
11.	Safety Signage / Barricade / Cone			
12.	Hoist Brake			
13.	Reversing Alarm c/w Flashing Light			
14.	Exhaust System			
15.	Tire In Good Condition			
16.	Warning Horn In Cab			
17.	Maintenance Record Book			
18.	Daily Inspection conducted by the Operator			

<u>Conclusion</u>: The above unit is <u>Accepted / Not Accepted</u> for use. (Delete whichever not applicable and state reason for rejection)

3. REMARKS

We have inspected the above unit and agreed with the results.

CHECK BY: HSE In-charge	VERIFIED BY: Site Supervisor / Site Eng	APPROVED BY: Project Manager
SIGNATURE:	SIGNATURE:	SIGNATURE:
NAME :	NAME :	NAME :
DATE:	DATE:	DATE: