

# Inspection Check List for: Working platform

Risk assessment	
Frequency of the In-service inspection done by the user/owner	Yes
operation manual & Maintenance Record available upon request write either(• both available , • operation manual only)	N/a
Labels and decals for operation on the lift write either(• available • owner provided )	Yes
Previous 3rd party certificate if any write either(•New equipment (first inspection) • present and valid • present and invalid • Not available)	N/a
Operator training proof write either ( • training certificate available• brief training provided by inspector• Experiences proof)	N/a
Operator training proof write either ( • training certificate available• brief training provided by inspector• Experiences proof)	N/a
Appropriate PPE for the operator write either( • helmet • shoes , • harness, • safety reflection jacket)	Yes
Is the environmental contain any hazardous conditions such as, extreme humidity, dust,sand, salt air,etc. write either ( • air conditioning• periodic break• water present• supervision • safety goggles)	No
Is the location is next foot walks or traffic workstation or public areas write either ( • present , • site condition not required)	Yes
Isolate all area, and put sign board for inspection progress write either ( • present • site condition not required)	Yes
Manufacture documents matching the lift installed write either ( • yes matching • verification with the manufacture after inspection)	Yes
Ensure the foundation/test area floor is adequate and leveled write either ( • leveled , leveled with ease of facility/equipment)	Yes
Housekeeping , where applicable write either ( • clear • clear after rectification)	Yes
Wind speed within the limits (12.5 m/s) write either ( • within the limit , • waiting to be reduced)	Yes
Hazards from electrical lines write either ( • obstruction provided • safe distance)	No
Approval from structure engineer/authority for the foundation write either(• approval available • inspector verification on the foundation (torque test for bolts & visual inspection))	Yes
Adequate lighting	Yes
Preform tools box meeting	N/a
Falling form height hazard write either ( • safety harness worn • barrication provided)	No
Is there any Mechanical hazards, Generated by machine parts or work pieces such : shape, inadequacy of mechanical strength, Crushing, impact, contact of person with machine.	No
Defects	
defect description	N/a
Working platform-Description	
Manufacture	Fit well
dimensions	L = 7.9 m W = 1.5 m H = 1.2 m
location	PIER -7A
operation height	15 m
type of structure	3 steel I beams with attached monorails fixed to slab by 2 bolts each.
Previous inspection date	N/a
NDT(if any)	N/a
Additional information	Drawing no. FW-D47-2020 Calculation no. S-CAL-3361-BEST-01
Additional information	Serial number: W.P 02 Design capacity: 20KN SWL: 1 ton Load test: 1.5 ton
Remarks	N/a
Working platform-check points	
check foundation	Safe
check drawings if matched with the installation	Safe

Inspector Name:

Inspector Signature:

Date: