E SERIES MOTORIZED UNITS and ACC	essories DAI	LY INSPECTION CH	ECKLIST	нү	DRO	ME	BILE
PROJECT:		QUALIFIED USER/OPERATOR (full	name):			<u>.</u>	
LOCATION:		MOTORIZED UNIT SERIAL NUMBE	R:				
CONTRACTOR:		DATE (WEEK OF):					
Each Hydro Mobile motorized unit and its accessories must be inspected daily or before every working shift, as well as weekly. These inspections must be carried out by a qualified user / operator. Use the spaces below to monitor 6 days of the daily and weekly inspections. Use the Notes and Comments section to indicate any discrepancy or any item found to be not acceptable. Any discrepancy must be perforted and appropriate corrective action must be taken immediately. Corrective actions must be performed by a qualified technician. "Qualified" means a person who, by possession of a recognized degree, certificate or professional standing, or who by extensive knowledge, training and experience, has successfully demonstrated the ability to solve or resolve problems relating to the subject matter, the work or the project. Only a qualified user/operator on the specific make and model of the Hydro Mobile equipment is allowed to perform daily and weekly maintenance inspections and only a qualified user/operator. Builtien and methods set out in the owner's manuals and Hydro Mobile training courses. Daily and weekly inspections must be performed by a qualified user/operator (see above).							
USE CHECK MARK FOR EACH ENTRY VERIFIED. IF NECE	ESSARY, TAKE CORRECTIVE ACTION BE	FORE INSERTING CHECK MARK.	1	2 3	3 4	5	WEEK
ACCESS and SAFETY		SERIAL NUMBER	R (if applicable):				
1 Access stairs, ramps and door are clear of any ob	-				\bot	\square	
2 All access panels are clear of material and equipr	nent.						
3 All safety guardrails are in position and gates are	operational (no fall hazard). Mast guar	ds are in position and secure.					
4 An evacuation plan specific to the job site is avail	lable to all workers and a legible copy o	f the owner's manual is in the tool box.					
5 Construction traffic is controlled on and around j	ob site (proper barriers installed).					\square	
6 If the work platform is accessed from inside the b	building or off a scaffold stair tower, tra	nsfer is safe and free from obstruction.					
7 Minimum clearance from overhead power lines i	is maintained according to local regulat	ion.					
8 On special façade shapes, cross box kits, face gua	ardrails and plank guardrails are proper	ly installed and secure.					
9 Perimeter of setup is safe and delimited (warning	g tape, concrete blocks).						
10 Setup and installation meet the requirements pre	escribed by owner's manual or approve	d engineering drawing.					
11 The platform clears all obstacles (building, balcor	nies. etc.) and can be raised or lowered				_		
12 Work and circulation areas on the platform are c	· ·						
BASE 13 Base is level and cribbing under jacks has not mo	wed.	SERIAL NUMBER	(if applicable):		—		
14 Rubber buffers on the base are in place and in go	ood condition.						
MOTORIZED UNIT – COMPONENTS	c						
15 Control panel is working properly and displays no		SERIAL NUMBER	(if applicable):		Т		
16 Emergency stop has been verified and is working	properly.				-		
17 In a twin mast configuration, the proper inclinom	neter flag is present on the multi port of	onnector.			_		
 Inspect trolley structure for any welding defects, 					+		
19 Lifting mechanism is clear of debris (mortar, mas							
20 Limit switches, proximity switches (top, top final,			у.				
21 Motorized unit structure has been inspected and	shows no signs of damage or distortion	n.					
22 Power cable has been inspected and shows no si	gns of damage. Input power is adequat	e and phases are in sync.					
23 Racks and gears must be greased at least once a Lubrication schedule must be adapted to applicat the appropriate lubrication method.							
24 The routing of the power cable is free from obstr	uction and the cable recoils properly.						
MOTORIZED UNIT – SAFETY DEVIC	ES	SERIAL NUMBER	R (if applicable):				
25 Overspeed safety device has been inspected and	shows no apparent signs of defect or t	ampering. (WEEKLY)					
26 With the setup at 10' (3 m) above the bearing sur performed (on installation and subsequently onc			n has been				
MASTS and MAST TIES		SERIAL NUMBER	R (if applicable):				
27 Mast bolts are tightened at the proper torque (12	20 lb-ft or 163 N-m). (WEEKLY)						
E_MAINTDAILY_0220						Pag	ge 1 of 2

E SERIES MOTORIZED UNITS and ACCESSORIES DAILY INSPECTION CHECKLIST										
PROJECT:			QUALIFIED USER/OPERATOR (ull name):						
LOCATION:	OCATION: MOTORIZED UNIT SERIAL NUMBER:									
CONTRACTOR:			DATE (WEEK OF):							
USE CHECK MARK FOI	SE CHECK MARK FOR EACH ENTRY VERIFIED. IF NECESSARY, TAKE CORRECTIVE ACTION BEFORE INSERTING CHECK MARK.						WEEK			
MASTS and MAST TIES SERIAL NUMBER (if applicable):										
	28 Mast head is installed on top of last mast section or top mast section is installed backwards.									
29 Mast is plumb (both front and side axis) and all bolts and nuts are in position.										
30 Mast sections have been inspected and show no signs of damage or distortion.										
31 Mast ties are in	31 Mast ties are in good condition, show no signs of distortion and are secure (collision with planks or mast tie doors can damage ties).									
BRIDGES and	PLANKING		SERIAL NUM	BER (if applicable):	. 1					
32 Bridges have been inspected and their structure shows no signs of damage or distortion.							Τ			
33 On a bearing bridge, the inclinometers have been verified and detect ±2-degree slopes at both ends of the structure.										
34 Plank outriggers are clean and in good condition. Outrigger lock bolts are all tightened properly and plank stop pins are in place.										
Planking is in good condition and set properly. Planking clears all obstacles (building, balconies, etc.) and is properly supported, overlapped and secured.										
LOADS			SERIAL NUM	BER (if applicable):						
	atform do not exceed those p	rescribed by the capacity charts a								
						Г	DATE	OF		
NOTES and					ODT	C	OMF	PLETI		
DATE ENTERED	DATE OF E ENTERED NOTE or COMMENT CORRECTIVE ACTION REQUIRED TO OWN		TO OWNER/				ECH	VE		
						+				
						+				
-		-	operly inspected, in due time, that any disc her use of this unit or its accessories.	epancy has been brou	ght to	the	atte	ntior	n of t	the
Signature of QU USER/OPERATO	JALIFIED	DATE OF INSPECTION	Signature of QUALIFIED USER/OPERATOR	DATE	OF IN	NSPI	ECTI	ON		
DAY 1] []	DAY 4							

DAY 1	
DAY 2	
DAY 3	

DAY 4	
DAY 5	
WEEK	