	GERIES	P SERIES MOTORIZED UNITS and ACCESSORIES	ILY INSPECTION CHECKLIST	HYDRO MOBILE				
PROJE	ECT:		QUALIFIED USER/OPERATOR(full name):					
LOCA	TION:		MOTORIZED UNIT SERIAL NUMBER:					
CONT	RACTOR:		DATE (WEEK OF):					
	Each Hydro Mobile motrized 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 ported 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 repairs must be performed audielines, instructions, warnings 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).							
		OR EACH ENTRY VERIFIED. IF NECESSARY, TAKE CORRECTIVE ACTION B	EFORE INSERTING CHECK MARK.	1 2 3 4 5 WEEK				
	ESS and S		SERIAL NUMBER (if applicable):					
		of the Owner's manual is present in the toolbox.						
		ramps and door are clear of any obstruction and in good condition.						
		els are clear of material and equipment.						
4 A	All safety guai	drails are in position and gates are operational and lock properly (no fal	l hazard).					
5 A	An evacuatior	plan specific to the job site is available to all workers.						
6 II	f motorized u	nit is used with accessories, the daily inspection of each accessory prese	nt on the setup has been performed.					
7 li	f the work pla	atform is accessed from inside the building or off a scaffold stair tower, t	ransfer is safe and free from obstruction.					
	Mast climbing properly.	is not impeded in any way and on a motorized unit equipped with an ac	cess bridge, the access walkway is clear of debris and working					
		arance from overhead power lines is maintained according to local regula	ation.					
10 C								
11 C								
12 P								
13 S								
14 T	The platform	clears all obstacles (building, balconies, etc.) and can be raised or lowere	d.					
		wind speeds forecasts have been validated and are within the paramete weather and wind speeds must be performed throughout the work shift						
	-	ulation areas on the platform are clear of any obstruction and kept clear						
BASE			SERIAL NUMBER (if applicable):					
17 B	Base is level a	nd cribbing under jacks has not moved.						
	-	e has been inspected. Bearing surface is stable and has not been subject ow, rain, etc.).	t to any type of erosion or deterioration caused by weather					
		UNIT – COMPONENTS	SERIAL NUMBER (if applicable):					
19 A	Air filter has b	een verified and is in good condition. Air filter has been cleaned weekly	or replaced, if required					
20 C	Control joystic	ck has been verified and is functioning properly.						
21 E	21 Each cylinder hook, secondary hook and lowering cam is in good condition, funtions properly and engages correctly on the mast rung.							
22 E	Each cylinder, hydraulic hose and hydraulic component is free of leaks and signs of wear.							
23 E	Each roller ha	s been greased using Prolab GS1000 #28840 only. (WEEKLY)						
24 E	Each roller ha	s been verified and is in good condition.						
25 E	Emergency sto	op has been verified and is working properly. IGNITION MUST BE TURNE	D OFF when the unit is not in operation.					
26 0	Gasoline and	engine oil levels are appropriate or have been replenished.						
27 ⊦	Hydraulic oil l	evel has been verified and hydraulic tank has been replenished, if require	ed, with oil recommended by Hydro Mobile.					
28 L	ifting mechai	nism is clear of debris (mortar, masonry material, etc.) and shows no sign	ns of excessive wear.					
29 N	Motorized un	it structure has been inspected and shows no signs of damage or distorti	on.					
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	GERES	P SERIES MOTORIZED UNITS and ACCESSORIES	Y INSPECTION CHECKLIST	HYDRO MOBILE				
PROJ	ECT:		QUALIFIED USER/OPERATOR (full name):					
LOCATION:			MOTORIZED UNIT SERIAL NUMBER:					
CON	FRACTOR:		DATE (WEEK OF):					
USE CH	IECK MARK F	OR EACH ENTRY VERIFIED. IF NECESSARY, TAKE CORRECTIVE ACTION BEFO	RE INSERTING CHECK MARK.	1 2 3 4 5 WEEK				
MO.	TORIZED	UNIT – COMPONENTS	SERIAL NUMBER (if applicable):					
30	On an electric	al motorized unit, the power cable has been inspected and shows no signs o	f damage. Input power is adequate and phases are in sync.					
31	On an electric	al unit, the routing of the power cable is free from obstruction and the cable	recoils properly.					
32	Rubber on ea	ch cylinder hook has been verified as described in Owner's manual procedur	e and is in good condition.					
MO.	TORIZED	UNIT – SAFETY DEVICES	SERIAL NUMBER (if applicable):					
	-	sher is present and readily available. The fire extinguisher is appropriate for t.	the application, in good condition, fully charged and with a valid					
34	 inspection tag. Each backup safety hook has been inspected and shows no sign of engagement prior to inspection. Each safety hook is clean and can move freely. The motorized unit must be put out of service and must be inspected by a qualified technician if a previous engagement of the backup safety hook is detected or suspected. 							
35	If the motoriz	ed unit used on the setup is electrical, the emergency stop button has been	tested and works properly.					
		p at 10' (3 m) above the bearing surface and without any loads on the platfo n and subsequently once a week) to make sure it is operating normally. (WE						
MAS	STS and I	MAST TIES	SERIAL NUMBER (if applicable):					
37	Mast bolts are	e tightened with the proper torque (120 lb-ft or 163 N-m). Mast bolt washers	s have been replaced if bent. (WEEKLY)					
38	Mast is plumb	(both front and side axis).						
39	Mast sections	have been inspected and show no signs of damage or distortion.						
40	40 Mast ties are in good condition, show no signs of distortion, are secure and show no signs of collision with planks or mast tie doors.							
41	Tie configurat	ion is as per manufacturer's requirements and suitable for configuration and	l installation method used.					
42	Visual inspect	ion shows all mast bolt assemblies are in position and tightened properly.						
BRI	OGES and	I PLANKING	SERIAL NUMBER (if applicable):					
43	All required b	ridge connection hardware (bolts, nuts, pins, plates) is present and in good c	ondition.					
44	Bridges have	been inspected and their structure shows no signs of damage or distortion.						
45	On a bearing	oridge, the inclinometers have been verified and detect ± 2 -degree slopes at	both ends of the structure.					
	and are tied properly with a slack not exceeding 1" (2,5 cm).							
	setup.							
	Plank outriggers are clean and in good condition. Outrigger lock bolts are all tightened properly and plank stop pins are in place.							
	49 Planks used for planking are scaffold graded (SPF), are clean, in good condition and are set properly. Planking clears all obstacles (building, balconies, etc.) and is properly supported, overlapped and secured.							
LOA			SERIAL NUMBER (if applicable):					
50	If applicable,	valid job-specific configuration details and capacity charts are displayed and	legible.					
51	Load capacity	charts are displayed and legible.						
52	Loads on the	platform do not exceed those prescribed by the capacity charts or by the job	-specific authorized layout plan and are evenly distributed.					

GERTES	MOTORIZED UNITS and ACCESSORIES	DAILY	INSPECTION CHEC	CKLIST		н	YD	RO	мо	BILE
PROJECT:			QUALIFIED USER/OPERATOR (full name	e):						
LOCATION:			MOTORIZED UNIT SERIAL NUMBER:							
CONTRACTOR:			DATE (WEEK OF):							
USE CHECK MARK FO	R EACH ENTRY VERIFIED. IF NECESSARY, TAKE CORRECTIVE	ACTION BEFORE	INSERTING CHECK MARK.		1	2	3	4	5	WEEK
	COMMENTS			DATE OF REP		(F		PLET CORF	ION RECTI	VE
DATE ENTERED	NOTE or COMMENT	CORRECTI	E ACTION REQUIRED	TO OWNER/U	JSER	4	ACTIO	ON		

The undersigned certifies that this unit and its accessories have been properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/user and that all discrepancies have been corrected prior to further use of this unit or its accessories.

Signature of QUALIFIED	
USER/OPERATOR	

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DATE OF INSPECTION

DAY 1	
DAY 2	
DAY 3	

Signature of QUALIFIED USER/OPERATOR

DATE OF INSPECTION

DAY 4	
DAY 5	
WEEK	