



PROJECT:	QUALIFIED USER/OPERATOR (full name):
LOCATION:	MOTORIZED UNIT SERIAL NUMBER:
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 reported 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 technician on the specific make and model of the Hydro Mobile equipment is allowed to perform repairs on Hydro Mobile units. These inspections and repairs must be performed according to the guidelines, 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).

USE CHECK MARK FOR EACH ENTRY VERIFIED. IF NECESSARY, TAKE CORRECTIVE ACTION BEFORE INSERTING CHECK MARK.

1	2	3	4	5	WEEK
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ACCESS and SAFETY SERIAL NUMBER (if applicable):

- 1 A legible copy of the Owner's manual is present in the toolbox.
- 2 Access stairs, ramps and door are clear of any obstruction and in good condition.
- 3 All access panels are clear of material and equipment.
- 4 All safety guardrails are in position and gates are operational (no fall hazard). Mast guards are in position and secure.
- 5 An evacuation plan specific to the job site is available to all workers.
- 6 If motorized unit is used with accessories, the daily inspection of each accessory present on the setup has been performed.
- 7 If the work platform is accessed from inside the building or off a scaffold stair tower, transfer is safe and free from obstruction.
- 8 Minimum clearance from overhead power lines is maintained according to local regulation.
- 9 On special façade shapes, cross box kits, face guardrails and plank guardrails are properly installed and secure.
- 10 Operator is qualified and has a valid training certification.
- 11 Perimeter of setup is safe and delimited (warning tape, concrete blocks). Proper barriers have been installed and are in place.
- 12 Setup and installation meet the requirements prescribed by owner's manual or approved engineering drawing.
- 13 The platform clears all obstacles (building, balconies, etc.) and can be raised or lowered.
- 14 Weather and wind speeds forecasts have been validated and are within the parameters specified by the Owner's manual for the configuration used. Monitoring of weather and wind speeds must be performed throughout the work shift to ensure they remain within the specified parameters.
- 15 Work and circulation areas on the platform are clear of any obstruction and kept clean with good housekeeping.

BASE SERIAL NUMBER (if applicable):

- 16 Base is level and cribbing under pedestal has not moved.
- 17 Bearing surface has been inspected. Bearing surface is stable and has not been subject to any type of erosion or deterioration caused by weather conditions (snow, rain, etc.).
- 18 Rubber buffers on the base are in place and in good condition.

MOTORIZED UNIT – COMPONENTS SERIAL NUMBER (if applicable):

- 19 Control panel is working properly and displays no alarm.
- 20 Emergency stop has been verified and is working properly. IGNITION MUST BE TURNED OFF when the unit is not in operation.
- 21 Gasoline and engine oil levels are appropriate or have been replenished.
- 22 Hydraulic oil level has been verified and hydraulic tank has been replenished, if required, with oil recommended by Hydro Mobile.
- 23 Inspect trolley structure for any welding defects, damaged parts and excessive rust or corrosion.
- 24 Lifting mechanism is clear of debris (mortar, masonry material, etc.) and shows no signs of excessive wear.
- 25 Limit switches, proximity switches (top, top final, bottom, bottom final) and door sensors have been checked and are working properly (on both sides on model F300).
- 26 Motorized unit structure has been inspected and shows no signs of damage or distortion.
- 27 On an electrical motorized unit, the power cable has been inspected and shows no signs of damage. Input power is adequate and phases are in sync.
- 28 On an electrical unit, the routing of the power cable is free from obstruction and the cable recoils properly.
- 29 Racks and gears must be greased at least once a week from top of setup to base level using open-gear lubricant recommended by Hydro Mobile. Lubrication schedule must be adapted to application (runtime hours, specific conditions, etc.). Refer to the owner's manual for complete instructions on the appropriate lubrication method.



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MOTORIZED UNIT – SAFETY DEVICES	SERIAL NUMBER (if applicable):	
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| 30 | A fire extinguisher is present and readily available. The fire extinguisher is appropriate for the application, in good condition, fully charged and with a valid inspection tag. | | |
| 31 | Overspeed safety device (parachute brake) mechanism has been inspected and shows no apparent signs of defect, and is free of grease or any other substance. Grease must never be applied on the components of the overspeed safety device. (WEEKLY) | | |
| 32 | With the setup at 10' (3 m) above the bearing surface and without any loads on the platform, testing of the emergency descent system has been performed (on installation and subsequently once a week) to make sure it is operating normally. (WEEKLY) | | |

MASTS and MAST TIES	SERIAL NUMBER (if applicable):	
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| 33 | Mast bolts are tightened with the proper torque (150 lb-ft or 203 N-m). (WEEKLY) | | |
| 34 | Mast head is installed on top of last mast section. | | |
| 35 | Mast is plumb (both front and side axis). | | |
| 36 | Mast sections have been inspected and show no signs of damage or distortion. | | |
| 37 | 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. | | |
| 38 | Tie configuration is as per manufacturer's requirements and suitable for configuration and installation method used. | | |
| 39 | Visual inspection shows all mast bolt assemblies are in position and tightened properly. | | |

BRIDGES and PLANKING	SERIAL NUMBER (if applicable):	
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| 40 | All required bridge connection hardware (bolts, nuts, pins, plates) is present and in good condition. | | |
| 41 | Bridges have been inspected and their structure shows no signs of damage or distortion. | | |
| 42 | On a bearing bridge, the inclinometers have been verified and detect ±2-degree slopes at both ends of the structure. | | |
| 43 | Outrigger and planking arrangement meets the requirements and limitations outlined in the Owner's manual for the specific configuration used on the setup. | | |
| 44 | Plank outriggers are clean and in good condition. Outrigger lock bolts are all tightened properly and plank stop pins are in place. | | |
| 45 | 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. | | |

LOADS	SERIAL NUMBER (if applicable):	
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| 46 | If applicable, valid job-specific configuration details and capacity charts are displayed and legible. | | |
| 47 | Load capacity charts are displayed and legible. | | |
| 48 | 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. | | |



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NOTES and COMMENTS

DATE ENTERED	NOTE or COMMENT	CORRECTIVE ACTION REQUIRED	DATE OF REPORT TO OWNER/USER	DATE OF COMPLETION FOR CORRECTIVE ACTION

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

DATE OF INSPECTION

Signature of QUALIFIED USER/OPERATOR

DATE OF INSPECTION

DAY 1	
DAY 2	
DAY 3	

DAY 4	
DAY 5	
WEEK	