

22 Check gasoline level. Replenish, if necessary.



MOTORIZED UNITS and ACCESSORIES	FREQUE	NI INSPECTION	ON CHECKLIST	HYDRO MOBILE		
AUTHORIZED DEALER NAME and ADDRESS:	ι	JSER/OWNER NAME and A	ADDRESS:			
NAME of QUALIFIED TECHNICIAN:	MOTORIZED UNIT MODEL an	IN SERIAL NUMBER:	DATE of INSPECTION:			
TANE OF QUALITIES TECHNICAL.	WOTORIZED ON WODEL UN	IN SERIAL HOMBER.	DATE OF INST ECTION.			
Each Hydro Mobile motorized unit and its accessoric Notes and Comments form to indicate any discrepar actions must be performed by a qualified technician and experience, has successfully demonstrated the Hydro Mobile equipment is allowed to perform main and Hydro Mobile training courses. All inspection st It is recommended to use replacement parts manufacomponents but cause serious damages that could Frequent inspec	ncy or any item found to be not acceptabl. "Qualified" means a person who, by pos ability to solve or resolve problems relatit tenance inspections and repairs on Hydre reps included in the daily inspection chec ctured by or recommended by Hydro Mob	e. Any discrepancy must be reported session of a recognized degree, cert on the subject matter, the work or 0 Mobile units according to the guide klist must be performed before the fr oile. The use of substitution parts cou to replenish and grease component	and appropriate corrective action must be tificate or professional standing, or who be the project. Only a qualified person on the slines, instructions, warnings and method requent inspection steps. uld not only void the warranty covering the ts only with fluids and lubricants recomme	e taken immediately. Corrective y extensive knowledge, training e specific make and model of the s set out in the owner's manuals is motorized unit and its		
USE CHECK MARK FOR EACH ENTRY VERIFIED. IF NECESSARY, TA	AKE CORRECTIVE ACTION BEFORE I	NSERTING CHECK MARK.	ОК	CORRECTED N/A		
ACCESS and SAFETY 1 A legible copy of the Owner's manual is present in the tooll	hov	SERIAL N	IUMBER (if applicable):			
1 A legible copy of the Owner's manual is present in the tool	DOX.					
BASE 2 Inspect base mast connection to make sure hardware is pro-	esent in good condition and secure		IUMBER (if applicable):			
·	esent, in good condition and secure	. Replace mast bolt washers, if	requirea.			
3 Inspect base outriggers (4x) and outrigger pivots.						
4 Inspect base outriggers for any welding defects, damaged p	parts and excessive rust or corrosion	n.				
5 Inspect base structure for any welding defects, damaged page	arts or excessive rust or corrosion.					
6 Inspect jack gears and mechanism (4x or 8x, as applicable).	Grease jack mechanism, if necessa	ry.				
MOTORIZED UNIT STRUCTURE		SERIAL N	IUMBER (if applicable):			
7 Check integrity of engine/motor access panel.						
8 Check integrity of mast tie door and hinges.						
9 Check motorized unit structure for any welding defects, damaged parts or excessive rust or corrosion, and any sign of distortion.						
10 On a motorized unit equipped with an access bridge, check access walkway structure for any welding defects, damaged parts or excessive rust or corrosion.						
ACCESS WALKWAY and COMPONENTS		SERIAL N	IUMBER (if applicable):			
11 Check access walkway structure for any welding defects, do	amaged parts or excessive rust or co	orrosion.				
12 Check that safety straps are present and in good condition.						
GAS ENGINE / MOTOR		SERIAL N	IUMBER (if applicable):			
On an electrical motorized unit, perform all the inspection including greasing of the motor bearings.	and maintenance operations on the	e motor as recommended by the	e motor manufacturer,			
14 Perform recommended maintenance on Honda engine as p	per instructions in Honda owner's m	nanual.				
POWER PACK and HYDRAULIC COMPON	ENTS	SERIAL N	IUMBER (if applicable):			
15 Adjust engine RPM at full throttle and idle speed as per tec	hnical procedure.					
16 Check all hydraulic hoses and fittings for any leaks or signs	of wear.					
17 Check choke actuation.						
18 Check condition of the hydraulic return filter and replace, if	f necessary.					
19 Check control panel switches.						
20 Check electrical connection inside the control panels and b	oxes.					
21 Check electrical wiring and connections.						

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FREQUENT INSPECTION CHECKLIST



NAME of QUALIFIED TECHNICIAN:		MOTORIZED UNIT MODEL and SERIAL NUMBER:	DATE of INSPECTION:				
USE CHECK MARK FOR EACH ENTRY VERIFIED. IF NECESSARY, TAKE CORRECTIVE ACTION BEFORE INSERTING CHECK MARK.					CORRECTED	N/A	
PO	WER PACK and HYDRAULIC COMPON	ENTS SERIAL N	IUMBER (if applicable):				
23	Check hydraulic oil level. Replenish, if necessary, with hydr	aulic oil recommended by Hydro Mobile.					
24	24 Check operation of control joystick. Check condition of joystick rubber boot.						
25	Check vibration insulator on power pack mounting.						
26	26 Clean battery connections and perform battery load test as per technical procedure.						
27	27 Inspect throttle cable and check adjustment.						
28	28 On a motorized unit equipped with a hydraulic cooler, test the fan and the sensor.						
29	29 Perform charging system test on Honda engine as per technical procedure.						
LIF	TING MECHANISM	SERIAL N	IUMBER (if applicable):				
30	Check all hydraulic hoses and fittings for any leaks or signs	of wear.					
31	Check condition of cylinder guiding bar and springs.						
32	Check condition of each roller, roller pocket and shaft.						
33	Check cylinder hook, cam, locking mechanism and hardwar mast rung.	re. Make sure all is in good condition, functions properly and that h	nook engages correctly on				
34							
35	5 Check return mechanism of the secondary hook.						
36	36 Check rubber block under the cylinder hook. Replace if the rubber is worn.						
37	37 Check secondary hook, cam, locking mechanism and hardware. Make sure all is in good condition, functions properly and that hook engages correctly on mast rung.						
38	38 Clean excess grease off each roller.						
39	39 Grease each roller using Prolab GS1000 only, as recommended by Hydro Mobile.						
40	Inspect each backup safety hook. Clean grease off the safety hook. Grease each backup safety hook using Prolab GS1000 only, as recommended by Hydro Mobile. Replace hook and pivot bolt if any sign of engagement is detected or suspected.						
GENERAL SERIAL NUMBER (if applicable):							
41	Check all stickers and make sure they are in place and legit validation sticker.	ole. Replace or update stickers as required. Update the appropriat	e inspection				
42	Check outriggers, outrigger lock bolts and plank stop pins for	or damages.					
43	Inspect 27" (69 cm) guardrail (1x) with panel for any welding defects, damaged parts or excessive rust or corrosion [28" (71 cm) guardrail on older unit models].						
44	4 Inspect 27" (69 cm) guardrails (2x) for any welding defects, damaged parts or excessive rust or corrosion [28" (71 cm) guardrail on older unit models].						
45	5 Inspect 60" (1,5 m) guardrails (2x) for any welding defects, damaged parts or excessive rust or corrosion.						
46	Inspect access stairs, ramps and extension for any welding defects, damaged parts and excessive rust or corrosion.						
47	7 Inspect door guardrail for any welding defects, damaged parts and excessive rust or corrosion.						
48	Is Inspect plank-end guardrails for any welding defects, damaged parts or excessive rust or corrosion.						
49	49 Inspect rear platform extension for any welding defects, damaged parts or excessive rust or corrosion.						
WH	IEN MOTORIZED UNIT IS IN USE	SERIAL N	IUMBER (if applicable):				
50	Check integrity of wall tie brackets and anchor fasteners.						
51	Inspect guardrails for any welding defects, damaged parts a	and excessive rust or corrosion.					
52	Inspect mast sections for any welding defects, damaged pa	irts and excessive rust or corrosion. Note serial numbers.					

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53 Inspect mast tie components for any welding defects, damaged parts and excessive rust or corrosion.

54 Perform all steps included in the daily/weekly inspection checklist.



FREQUENT INSPECTION CHECKLIST



NAME of QUALIFIED TECHNICIAN:	QUALIFIED TECHNICIAN: MOTORIZED UNIT MODEL and SERIAL NUMBER: DATE of INSPECTION						
USE CHECK MARK FOR EACH ENTRY VERIFIED. IF NECESSARY, T.	AKE CORRECTIVE ACTION BEFORE INSERTING CHECK MARK.		ОК	CORRECTED	N/A		
WHEN MOTORIZED UNIT IS IN USE	SERIAL N	NUMBER (if applicable):					
55 Perform all steps included in the frequent inspection check	clist for each accessory used on the setup.						
56 Perform all steps included in the frequent inspection check	dist for a bridge.						
TESTS to RUN (as per technical procedur	res) SERIAL N	NUMBER (if applicable):					
57 On an electrical motorized unit, test phase loss detector.							
58 On an electrical motorized unit, test phase synchronization	1						
59 Perform test of emergency descent system as per technica	ll procedure.						
60 Perform travel test and validate operating pressure as per	technical procedure.						
61 Test access walkway for proper operation and deployment	i.						
62 Test cylinder load holding capacity as per technical proced	ure.						
63 Test emergency stop button.							
64 Test inclinometer +2.0 deg. sensor.							
65 Test inclinometer circuit and bypass button.							
66 Test maximum admissible hydraulic operating pressure as	per technical procedure.						
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 TECHNICIAN P_MAINTFREQ_1121	Name of QUALIFIED TECHNICIAN (IN PRINT)	DATE OF INSPECTION	ON .		Page 3 of 3		



FREQUENT INSPECTION CHECKLIST NOTES and COMMENTS



NAME of QUALIFIED TECHNICIAN:		MOTORIZED UN	MOTORIZED UNIT MODEL and SERIAL NUMBER: DATE of		of INSPECTION:		
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 TECHNICIAN Name of QUALIFIED TECHNICIAN		Name of QUAI	LIFIED TECHNICIAN (IN PRINT)	DATE O	FINSPECTION		