

MOTORIZED UNITS and ACCESSORIES

DAILY INSPECTION CHECKLIST



| PROJECT: | QUALIFIED USER/OPERATOR (full name): | | |
|-------------|--|--|--|
| PROJECT. | QUALIFIED USER/OFERATOR (IUII Hallie). | | |
| 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 quidelines, 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

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.
- 21 Inspect trolley structure for any welding defects, damaged parts and excessive rust or corrosion.
- 22 Lifting mechanism is clear of debris (mortar, masonry material, etc.) and shows no signs of excessive wear.
- 23 Limit switches, proximity switches (top, top final, bottom, bottom final) and door sensors have been checked and are working properly.
- 24 Motorized unit structure has been inspected and shows no signs of damage or distortion.
- 25 Power cable has been inspected and shows no signs of damage. Input power is adequate and phases are in sync.
- 26 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.
- 27 The routing of the power cable is free from obstruction and the cable recoils properly.

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| MO1 | ORIZED UNIT – SAFETY DEVICES | SERIAL NUMBER (if applicable): | | | | |
| | I fire extinguisher is present and readily available. The fire extinguisher is appropriate for the spection tag. | he application, in good condition, fully charged and with a valid | | | | |
| | With the setup at 10' (3 m) above the bearing surface and without any loads on the platfor on installation and subsequently once a week) to make sure it is operating normally. (WEE | | | | | |
| MAS | TS and MAST TIES | SERIAL NUMBER (if applicable): | | | | |
| 30 1 | Aast bolts are tightened with the proper torque (150 lb-ft or 203 N-m). (WEEKLY) | | | | | |
| 31 I | Aast heads (2x) are installed on top of last mast section or top mast section is installed bac | kwards. | | | | |
| 32 I | Aast is plumb (both front and side axis). | | | | | |
| 33 1 | Mast sections have been inspected and show no signs of damage or distortion. | | | | | |
| 34 1 | 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. | | | | |
| 35 | ie configuration is as per manufacturer's requirements and suitable for configuration and | installation method used. | | | | |
| 36 | risual inspection shows all mast bolt assemblies are in position and tightened properly. | | | | | |
| BRID | GES and PLANKING | SERIAL NUMBER (if applicable): | | | | |
| 37 | all required bridge connection hardware (bolts, nuts, pins, plates) is present and in good co | ondition. | | | | |
| 38 I | oridges have been inspected and their structure shows no signs of damage or distortion. | | | | | |
| 39 (| On a bearing bridge, feedback cables have been verified at both ends of the structure and stop operation if a ±5-degree slope is detected. | | | | | |
| 40 | 40 On a bearing bridge, the inclinometers have been verified and detect ±2-degree slopes at both ends of the structure. | | | | | |
| | Outrigger and planking arrangement meets the requirements and limitations outlined in th etup. | e Owner's manual for the specific configuration used on the | | | | |
| | llank outriggers are clean and in good condition. Outrigger lock bolts are all tightened prop | perly and plank stop pins are in place. | | | | |
| | lanks used for planking are scaffold graded (SPF), are clean, in good condition and are set nd is properly supported, overlapped and secured. | properly. Planking clears all obstacles (building, balconies, etc.) | | | | |
| LOA | os e e e e e e e e e e e e e e e e e e e | SERIAL NUMBER (if applicable): | | | | |
| 44 I | f applicable, valid job-specific configuration details and capacity charts are displayed and le | egible. | | | | |
| 45 I | oad capacity charts are displayed and legible. | | | | | |
| 46 I | oads 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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| SERIES | MOTORIZED UNITS and A | CCESSORIES | DAIL | Y INSPECTION C | HECKLIST | Γ | HYDRO | МОВІ |
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| NOTES an | d COMMENTS | | | | DATE OF R | | DATE OF COMPLE FOR COR | TION |
| DATE ENTERED | NOTE or COMMENT | | CORREC | TIVE ACTION REQUIRED | TO OWNE | R/USER | ACTION | |
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| | | | | spected, in due time, that any discr f this unit or its accessories. | epancy has been b | rought to | the attent | ion of the |
| Signature of C | • | DATE OF INSPECTION | | Signature of QUALIFIED USER/OPERATOR | DA ⁻ | TE OF IN | SPECTION | l |
| DAY 1 | | | | DAY 4 | | | | |
| DAY 2 | | | | DAY 5 | | | | |

WEEK

DAY 3

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