



|                    |   |
|--------------------|---|
| <b>PROJECT:</b>    | <b>QUALIFIED USER/OPERATOR (full name):</b> |
| <b>LOCATION:</b>   | <b>MOTORIZED UNIT SERIAL NUMBER:</b>        |
| <b>CONTRACTOR:</b> | <b>DATE (WEEK OF):</b>                      |



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 |
|---|---|---|---|---|------|
|---|---|---|---|---|------|

| ACCESS and SAFETY |  |  |  |  |  | SERIAL NUMBER (if applicable): |
|-------------------|--|--|--|--|--|--------------------------------|
| 1                 | All access panels are clear of material and equipment.   |  |  |  |  |                                |
| 2                 | All safety guardrails are in position and doors are operational (no fall hazard). Mast guards are in position and secure.            |  |  |  |  |                                |
| 3                 | An evacuation plan specific to the job site is available to all workers and a legible copy of the owner's manual is in the tool box. |  |  |  |  |                                |
| 4                 | Construction traffic is controlled on and around job site (proper barriers installed).   |  |  |  |  |                                |
| 5                 | Minimum clearance from overhead power lines is maintained according to local regulation.   |  |  |  |  |                                |
| 6                 | Perimeter of setup is safe and delimited (warning tape, concrete blocks).  |  |  |  |  |                                |
| 7                 | Setup and installation meet the requirements prescribed by owner's manual or approved engineering drawing.                           |  |  |  |  |                                |
| 8                 | The platform clears all obstacles (building, balconies, etc.) and can be raised or lowered.  |  |  |  |  |                                |
| 9                 | Work and circulation areas on the platform are clear of any obstruction.   |  |  |  |  |                                |

| ACCESS DOORS, GUARDRAILS and ROOF GUARDS |  |  |  |  |  | SERIAL NUMBER (if applicable): |
|--|--|--|--|--|--|--------------------------------|
| 10                                       | Access doors or barriers at all loading and unloading levels are in place and secure. Access area on each level is safe and free from obstruction.   |  |  |  |  |                                |
| 11                                       | Door sensors have been verified and are working properly.  |  |  |  |  |                                |
| 12                                       | Roof structure (if installed) is secure and free of damages. The top of the roof structure is clean and free of debris. If applicable, snow accumulation has been removed from the roof structure. |  |  |  |  |                                |

| BASE |   |  |  |  |  | SERIAL NUMBER (if applicable): |
|------|---|--|--|--|--|--------------------------------|
| 13   | Base is level and cribbing under pedestal has not moved.  |  |  |  |  |                                |
| 14   | Rubber buffers on the base are in place and in good condition.  |  |  |  |  |                                |
| 15   | Stop switch (triggered when unit is descending and is at 10' / 3 m off ground) has been verified and is working properly. |  |  |  |  |                                |

| MOTORIZED UNIT – COMPONENTS |  |  |  |  |  | SERIAL NUMBER (if applicable): |
|-----------------------------|--|--|--|--|--|--------------------------------|
| 16                          | Control panel is working properly and displays no alarm.   |  |  |  |  |                                |
| 17                          | Emergency stop has been verified and is working properly.  |  |  |  |  |                                |
| 18                          | Inspect trolley structure for any welding defects, damaged parts and excessive rust or corrosion.  |  |  |  |  |                                |
| 19                          | Lifting mechanism is clear of debris (mortar, masonry material, etc.) and shows no signs of excessive wear.  |  |  |  |  |                                |
| 20                          | Limit switches, proximity switches (top, top final, bottom, bottom final) and door sensors have been checked and are working properly.   |  |  |  |  |                                |
| 21                          | Motorized unit structure has been inspected and shows no signs of damage or distortion.  |  |  |  |  |                                |
| 22                          | Power cable has been inspected and shows no signs of damage. Input power is adequate and phases are in sync.   |  |  |  |  |                                |
| 23                          | 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. |  |  |  |  |                                |
| 24                          | The routing of the power cable is free from obstruction and the cable recoils properly.  |  |  |  |  |                                |

| MOTORIZED UNIT – SAFETY DEVICES |  |  |  |  |  | SERIAL NUMBER (if applicable): |
|---------------------------------|--|--|--|--|--|--------------------------------|
| 25                              | 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): |
|---------------------|--|--|--|--|--|--------------------------------|
| 26                  | Mast bolts are tightened at the proper torque (150 lb-ft or 203 N-m). (WEEKLY) |  |  |  |  |                                |



|             |                                      |
|-------------|--------------------------------------|
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| LOCATION:   | MOTORIZED UNIT SERIAL NUMBER:        |
| CONTRACTOR: | DATE (WEEK OF):                      |

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

|   |   |   |   |   |      |
|---|---|---|---|---|------|
| 1 | 2 | 3 | 4 | 5 | WEEK |
|---|---|---|---|---|------|

| MASTS and MAST TIES |  | SERIAL NUMBER (if applicable): |  |
|---------------------|--|--------------------------------|--|
| 27                  | Mast heads (2x) are installed on top of last mast section or top mast section is installed backwards.                                  |                                |  |
| 28                  | Mast is plumb (both front and side axis) and all bolts and nuts are in position.   |                                |  |
| 29                  | Mast sections have been inspected and show no signs of damage or distortion.   |                                |  |
| 30                  | 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 NUMBER (if applicable): |  |
|----------------------|---|--------------------------------|--|
| 31                   | Bridge connection plates and outriggers are in place and secure.                        |                                |  |
| 32                   | Bridges have been inspected and their structure shows no signs of damage or distortion. |                                |  |

| LOADS |  | SERIAL NUMBER (if applicable): |  |
|-------|--|--------------------------------|--|
| 33    | Loads on the platform do not exceed those prescribed by the capacity charts and are equally distributed. |                                |  |

| NOTES and COMMENTS |                 |                            |                              | DATE OF COMPLETION FOR CORRECTIVE ACTION |
|--------------------|-----------------|----------------------------|------------------------------|--|
| DATE ENTERED       | NOTE or COMMENT | CORRECTIVE ACTION REQUIRED | DATE OF REPORT TO OWNER/USER |  |
|                    |                 |                            |                              |  |
|                    |                 |                            |                              |  |
|                    |                 |                            |                              |  |
|                    |                 |                            |                              |  |
|                    |                 |                            |                              |  |

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 4                                |  |                    |
| DAY 2                                |  |                    | DAY 5                                |  |                    |
| DAY 3                                |  |                    | WEEK                                 |  |                    |