

# OPERATOR'S Venue Evaluation Form

DATE: \_\_\_\_\_ Venue: \_\_\_\_\_

OPERATOR'S NAME: \_\_\_\_\_

Circle: LOAD IN / RUNNING / LOAD OUT TIME: \_\_\_\_\_

Pre-Shift Venue Inspection: Before the aerial work platform (AWP) or boom lift is operated, the operator shall evaluate the venue area of lift operation for possible hazards, such as, but not limited to:

Pre-Shift Check List	Applies?	Remarks
1. Drop-offs or holes	Yes / NO	_____
2. Bumps or floor obstructions	YES / NO	_____
List Floor Obstructions:		_____ _____ _____
3. Debris	YES / NO	_____
List current and potential debris:		_____ _____ _____
4. Overhead obstructions:	YES / NO	_____
5. High voltage conductors:	YES / NO	_____
6. Inadequate surface and support to withstand ALL load forces imposed by the AWP or Boomlift in ALL operating configurations:	YES / NO	_____
7. Wind and weather conditions	YES / NO	_____
8. Presence of unauthorized persons	YES / NO	_____
9. Other possible unsafe conditions, list:		_____ _____ _____

**ANY PROBLEMS OR HAZARDOUS CONDITIONS THAT AFFECT THE SAFETY OF OPERATIONS SHALL BE REPORTED AND CORRECTED PRIOR TO COMMENCING AWP OR BOOM OPERATIONS.**

\_\_\_\_\_  
Operator

Remarks: \_\_\_\_\_  
\_\_\_\_\_