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Inspection Date	Name of Inspecting Person (Print)	Mast Climber Failings / Notes
Inspection Time	Equipment #	

Mast Climber
 O.K. Unsafe
 4 As necessary

<input checked="" type="checkbox"/> <input type="checkbox"/>	
DAILY	Ground Support Conditions
	Outriggers
	Horizontal / Vertical Position
	Test Remote Control
	Test Emergency Stop
	Test Emergency Lowering
	Rack & Pinion Contact and Condition
	Engine, inc. Fluid Levels
	Electric Cables
	Platform Fixing and Railings
	Platform Gates & Guard Rails
	Platform Planks & Toe Boards
	Mast Sections & Fixing Screws
	Guiding Rollers
	Safety Break
	Wall Anchoring
	Mast Guards
	Loose or Missing Parts
	Warning / Instruction Plates
	Load Chart
	General Cleanliness
	Test 2-Way Communication
	Worksite Safety Fenced
	Working Area
WEEKLY	Brakes (If Fitted)
	Tire Pressure (If Fitted)
	Tire Condition (If Fitted)
	Safety Gear (If Fitted)
	Mast Condition
	Rack Condition
	Test Limit Switches
	Test Interlocks on Gates

SAFETY CHECKLIST

MAST CLIMBER CHECKLIST

Mark ' ' in Inspection Boxes if OK
 Mark ' X ' in every box requiring attention
 Mark ' N/A ' in every box not applicable

Signature of Inspecting Person
Job Title of Inspecting Person