Aerial Lift Equipment Inventory

Department		**Date**	
Responsible Person's Name		**Supervisor's Name**	

Instructions: An initial inventory of Industrial Lift Equipment owned/operated by each department must be conducted to identify all equipment impacted by this program. This must be done by physical inspection. At UCR this survey may be conducted by a responsible person in a department, the department's DSC or their designee and documented on this form. Update this inventory list as equipment is purchased or retired from service, and at least annually.

MGFR	**TYPE**	**POWER SOURCE**	**NAMEPLATE DATE**	**MAX. LIFT CAPACITY**	**LOCATION**	**PPE USE**
Example: Genie	Scissor Lift	Electric/AC-DC	Model ZH1 S/N 456JV12X798	Platform 600 lbs.	Oxford Track Garage	Full Body Harness w/Lanyard General Greenhouse/warehouse use, Building maintenance.

Copies of this form should be sent to EH&S/General Safety

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