


POLICY: ELEVATING WORK PLATFORMS (EWP)			NUMBER: WP-42
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PREPARED BY: Facilities Management (FM)	AUTHORIZED BY:  Elizabeth Krische	CLASSIFICATION: Work Procedure	EFFECTIVE: March 1, 2022
			SUPERSEDES: September 25, 2018

General

The Facilities Management Division (FM) possesses elevating work platforms (EWPs), which are available to Western staff for use in the performance of their duties. An EWP is a device manufactured specifically to provide a height adjustable work platform. This policy will outline the circumstances under which a Western employee may access an EWP and the procedures for doing so.

Policy

The Division's elevating work platforms will be controlled through FM Stores and released only to Western University authorized users.

Procedures

1. An authorized user is a Western University employee who has received the appropriate training (see below) and is listed in the Training database as having met these requirements.
2. The use of an EWP by non-FM employees will be limited to a maximum of two consecutive business days.
3. The authorized user will return the key to FM Stores when finished with the EWP. Users **SHALL NOT** turn over an EWP to another employee.
4. Users must complete and sign an Authorization Form for the EWP they intend to use (below).
5. Prior to using the EWP, the authorized user(s) must inspect the unit as per manufacturer recommendations and complete the Pre-Use Inspection form for the EWP they intend to use (attached). To complete this inspection users must set up the equipment (following manufacturer's instructions, labels, and booklet) and secure the perimeter of the work area as outlined in WP-41 using caution tape and/or barricades.
6. Users must wear the following safety equipment while operating the EWP:
 - a. CSA approved full body harness and a travel restraint lanyard
 - b. CSA approved hard hat
 - c. CSA approved steel toe footwear

Training Requirements

1. Training will consist of a presentation outlining the safety features of EWP, manufacturer's recommendations, a test, and a hands-on demonstration. In addition, training will also include the safe transportation of the EWP and review of manufacturer specification, ie. weight and maximum height of EWP. Refresher training must be attended every three (3) years.
2. The Facilities Safety Consultant (OHS) will maintain training documentation and provide the information to FM Stores.

**Western University
Facilities Management
ELEVATING WORK PLATFORM (EWP) AUTHORIZATION FORM**

Genie Lift

All users of this equipment must comply with the procedures/standards outlined in Facilities Management Work Procedure WP-42, Elevating Work Platforms. This Work Procedure requires that the user wear a harness, lanyard and a hard hat.

Each person using this EWP must have received training within the past 3 years, must sign and date this authorization form and must complete the Pre-Use Inspection form (page 2 of this form). The pre-use inspection will be done after the lift is assembled and ready for use, and **before** going up in the lift. Any defects or deficiencies will be noted on the form and reported to FM Stores.

Upon completion of the work for which this equipment has been signed out the user must return the key and this form to FM Stores. Under no circumstance will the user turn over the key to another individual for work on another job/work order.

I, _____, have read, understood and met the requirements for
(Please Print) using this elevating work platform.

Signature

Date

Work Order

I, _____, have read, understood and met the requirements for
(Please Print) using this elevating work platform.

Signature

Date

Work Order

(Genie Lift Authorization Form Page 2 of 2)

PRE-USE DAILY INSPECTION CHECKLIST ELEVATED WORK PLATFORMS					
NAME:					
DATE:					
MAKE: Genie – with Outriggers		MODEL: AWP-24		SERIAL #: 3892-2514	
DATE OF MANUFACTURE: 1993					
PRE-OPERATIONAL DESCRIPTION	OK	NEEDS REPAIR	OPERATIONAL DESCRIPTION	OK	NEEDS REPAIR
OPERATOR'S MANUAL			MAIN STATION		
ANNUAL INSP. CURRENT ON UNIT			MAIN CONTROL PANEL LABELLING		
SPEC. PLATE/DATE OF MANUFACTURE/WEIGHT			MAIN CONTROL PANEL FUNCTION		
TIRES/RIMS/LUG NUTS			EMERGENCY LOWERING FUNCTION		
STRUCTURAL (WELD, PINS, ETC.)			OPERATING STATION		
DECK AND ANCHOR POINTS			OPERATING STATION CLEAN		
HYDRAULIC SYSTEM AND FLUID			CONTROL FUNCTION LABELLING		
SAFETY DECALS LEGIBLE			BATTERIES & CHARGER		
ELECTRICAL 110v SYSTEM			OUTRIGGERS AND LOCKING PINS		
LEAKS (HYDR./OIL/WATER)			EMERGENCY STOP FUNCTION		
DOORS, GATES, BASKETS, RAILS			HORN AND ALARM FUNCTION		
ALARMS, LIGHTS, EMERG. STOP			EMERGENCY LOWERING FUNCTION		
LOCKOUT DEVICES			MAIN LIFT/BOOM OPERATION		
OTHER (PLEASE EXPLAIN)			DRIVE & STEERING FUNCTION		
INSPECTED BY: (PRINT NAME)					
SIGNATURE:					
COMMENTS:					

**Western University
Facilities Management
ELEVATING WORK PLATFORM (EWP) AUTHORIZATION FORM**

Scissor Lift

All users of this equipment must comply with the procedures/standards outlined in Facilities Management Procedure WP-42, Elevating Work Platforms. This Work Procedure requires that the user wear a harness, lanyard and a hard hat.

Each person using this EWP must have received training within the past 3 years, must sign and date this authorization form and must complete the Pre-Use Inspection form (reverse side of this form). The pre-use inspection will be done after the lift is assembled and ready for use, and **before** going up in the lift. Any defects or deficiencies will be noted on the form and reported to FM Stores.

Upon completion of the work for which this equipment has been signed out the user must return the key and this form to FM Stores. Under no circumstance will the user turn over the key to another individual for work on another job/work order.

I, _____, have read, understood and met the requirements for
(Please Print) using this elevating work platform.

Signature

Date

Work Order

I, _____, have read, understood and met the requirements for
(Please Print) using this elevating work platform.

Signature

Date

Work Order

PRE-USE DAILY INSPECTION CHECKLIST ELEVATED WORK PLATFORMS					
NAME:					
DATE:					
MAKE: Skyjack – Scissor Lift		MODEL: SJ113226		SERIAL #: 27005239	
DATE OF MANUFACTURE: 01/09					
PRE-OPERATIONAL					
DESCRIPTION	OK	NEEDS REPAIR	OPERATIONAL DESCRIPTION	OK	NEEDS REPAIR
OPERATOR'S MANUAL			MAIN STATION		
ANNUAL INSP. CURRENT ON UNIT			MAIN CONTROL PANEL LABELLING		
SPEC. PLATE/DATE OF MANUFACTURE/WEIGHT			MAIN CONTROL PANEL FUNCTION		
TIRES/RIMS/LUG NUTS			EMERGENCY LOWERING FUNCTION		
STRUCTURAL (WELD, PINS, ETC.)			OPERATING STATION		
DECK AND ANCHOR POINTS			OPERATING STATION CLEAN		
HYDRAULIC SYSTEM AND FLUID			CONTROL FUNCTION LABELLING		
SAFETY DECALS LEGIBLE			BATTERIES & CHARGER		
ELECTRICAL 110v SYSTEM			OUTRIGGERS AND LOCKING PINS		
LEAKS (HYDR./OIL/WATER)			EMERGENCY STOP FUNCTION		
DOORS, GATES, BASKETS, RAILS			HORN AND ALARM FUNCTION		
ALARMS, LIGHTS, EMERG. STOP			EMERGENCY LOWERING FUNCTION		
LOCKOUT DEVICES			MAIN LIFT/BOOM OPERATION		
OTHER (PLEASE EXPLAIN)			DRIVE & STEERING FUNCTION		
INSPECTED BY: (PRINT NAME)					
SIGNATURE:					
COMMENTS:					

Western University
Facilities Management
ELEVATING WORK PLATFORM (EWP) AUTHORIZATION FORM

Self Propelled Genie

All users of this equipment must comply with the procedures/standards outlined in Facilities Management Work Procedure WP-42, Elevating Work Platforms. This Work Procedure requires that the user wear a harness, lanyard and a hard hat.

Each person using this EWP must have received training within the past 3 years, must sign and date this authorization form and must complete the Pre-Use Inspection form (reverse side of this form). The pre-use inspection will be done after the lift is assembled and ready for use, and **before** going up in the lift. Any defects or deficiencies will be noted on the form and reported to FM Stores.

Upon completion of the work for which this equipment has been signed out the user must return the key and this form to FM Stores. Under no circumstance will the user turn over the key to another individual for work on another job/work order.

I, _____, have read, understood and met the requirements for
(Please Print) using this elevating work platform.

Signature

Date

Work Order

I, _____, have read, understood and met the requirements for
(Please Print) using this elevating work platform.

Signature

Date

Work Order

PRE-USE DAILY INSPECTION CHECKLIST ELEVATED WORK PLATFORMS					
NAME:					
DATE:					
MAKE: Genie – Self-Propelled		MODEL: GR10		SERIAL #: GR10-16385	
DATE OF MANUFACTURE: 2010					
PRE-OPERATIONAL DESCRIPTION	OK	NEEDS REPAIR	OPERATIONAL DESCRIPTION	OK	NEEDS REPAIR
OPERATOR'S MANUAL			MAIN STATION		
ANNUAL INSP. CURRENT ON UNIT			MAIN CONTROL PANEL LABELLING		
SPEC. PLATE/DATE OF MANUFACTURE/WEIGHT			MAIN CONTROL PANEL FUNCTION		
TIRES/RIMS/LUG NUTS			EMERGENCY LOWERING FUNCTION		
STRUCTURAL (WELD, PINS, ETC.)			OPERATING STATION		
DECK AND ANCHOR POINTS			OPERATING STATION CLEAN		
HYDRAULIC SYSTEM AND FLUID			CONTROL FUNCTION LABELLING		
SAFETY DECALS LEGIBLE			BATTERIES & CHARGER		
ELECTRICAL 110v SYSTEM			OUTRIGGERS AND LOCKING PINS		
LEAKS (HYDR./OIL/WATER)			EMERGENCY STOP FUNCTION		
DOORS, GATES, BASKETS, RAILS			HORN AND ALARM FUNCTION		
ALARMS, LIGHTS, EMERG. STOP			EMERGENCY LOWERING FUNCTION		
LOCKOUT DEVICES			MAIN LIFT/BOOM OPERATION		
OTHER (PLEASE EXPLAIN)			DRIVE & STEERING FUNCTION		
INSPECTED BY: (PRINT NAME)					
SIGNATURE:					
COMMENTS:					

Western University
Facilities Management
ELEVATING WORK PLATFORM (EWP) AUTHORIZATION FORM

Stacks Genie

All users of this equipment must comply with the procedures/standards outlined in Facilities Management Work Procedure WP-42, Elevating Work Platforms. This Work Procedure requires that the user wear a harness, lanyard and a hard hat.

Each person using this EWP must have received training within the past 3 years, must sign and date this authorization form and must complete the Pre-Use Inspection form (reverse side of this form). The pre-use inspection will be done after the lift is assembled and ready for use, and **before** going up in the lift. Any defects or deficiencies will be noted on the form and reported to FM Stores.

Upon completion of the work for which this equipment has been signed out the user must return the key and this form to FM Stores. Under no circumstance will the user turn over the key to another individual for work on another job/work order.

I, _____, have read, understood and met the requirements for
(Please Print) using this elevating work platform.

Signature

Date

Work Order

I, _____, have read, understood and met the requirements for
(Please Print) using this elevating work platform.

Signature

Date

Work Order

PRE-USE DAILY INSPECTION CHECKLIST ELEVATED WORK PLATFORMS					
NAME:					
DATE:					
MAKE: Genie		MODEL: IWP30S		SERIAL #: IWP16G-9905	
DATE OF MANUFACTURE: 2016					
PRE-OPERATIONAL DESCRIPTION	OK	NEEDS REPAIR	OPERATIONAL DESCRIPTION	OK	NEEDS REPAIR
OPERATOR'S MANUAL			MAIN STATION		
ANNUAL INSP. CURRENT ON UNIT			MAIN CONTROL PANEL LABELLING		
SPEC. PLATE/DATE OF MANUFACTURE/WEIGHT			MAIN CONTROL PANEL FUNCTION		
TIRES/RIMS/LUG NUTS			EMERGENCY LOWERING FUNCTION		
STRUCTURAL (WELD, PINS, ETC.)			OPERATING STATION		
DECK AND ANCHOR POINTS			OPERATING STATION CLEAN		
HYDRAULIC SYSTEM AND FLUID			CONTROL FUNCTION LABELLING		
SAFETY DECALS LEGIBLE			BATTERIES & CHARGER		
ELECTRICAL 110v SYSTEM			OUTRIGGERS AND LOCKING PINS		
LEAKS (HYDR./OIL/WATER)			EMERGENCY STOP FUNCTION		
DOORS, GATES, BASKETS, RAILS			HORN AND ALARM FUNCTION		
ALARMS, LIGHTS, EMERG. STOP			EMERGENCY LOWERING FUNCTION		
LOCKOUT DEVICES			MAIN LIFT/BOOM OPERATION		
OTHER (PLEASE EXPLAIN)			DRIVE & STEERING FUNCTION		
INSPECTED BY: (PRINT NAME)					
SIGNATURE:					
COMMENTS:					