

## LIFT OPERATORS PERSONAL EQUIPMENT USE LOG

NAME Print \_\_\_\_\_, Sign \_\_\_\_\_, Date \_\_\_\_\_

Lifts that you have operated on the EWU campus in the last three years. SHOP \_\_\_\_\_

Estimate your total hours you used the lift.

1 copy to employee, 1 copy for the shop, 1 copy for EH&S

Example

Lift Make	Model	Hours
JLG	1930ES	5

Scissor Lifts

Lift Make	Model	Hours



Aerial Lifts

Lift Make	Model	Hours



Pod or Personal Lifts

Lift Make	Model	Hours



Truck Mounted Lift

Lift Make	Model	Hours

