

Self-Propelled Boom Lifts

OHBA Safety Pages

Workers operating self-propelled boom lifts face a risk of injury from:

- Falling or tipping over due to slopes, uneven terrain, curbs, holes, or objects on the ground
- Contact with overhead obstructions, including power lines

By following the safe work practices listed below, you can help reduce the risk of injuring yourself or others while using this equipment.

Safe work practices

- Inspect the equipment before you use it, and as required during use, to ensure it is operating safely. Review and update the log book.
- Test equipment before using it to make sure that all safety devices are working properly.
- Report defects and conditions affecting the safe operation of the equipment to your supervisor or employer.
- Any repairs or adjustments necessary for the safe operation of the equipment must be made before the equipment is used.



PHOTOGRAPHY CREDIT: David Davidson – Dalke Construction Company Inc. Site

- Before operating any equipment, be aware of and stay clear of all overhead obstructions and hazards, including high voltage lines.
- Ensure that the supporting surface is firm, level, and clear of depressions or obstructions. Make sure that the wheels are contacting the ground before elevating or repositioning the unit.
- Always wear fall protection when required.
- Maintain full control of the equipment and comply with the laws governing the operation of the equipment at all times.



The information we provide is not intended to include all possible safety measures and controls. In addition, the safety information we provide does not relieve the Members of its own duties and obligations with regard to safety concerns, nor does Oregon Home Builders Association guarantee to the Members or others that the Member's property, job sites and/or operations are safe, healthful, or in compliance with applicable laws, regulations or standards. The Members remain responsible for their own operations, safety practices and procedures and should consult with legal counsel as they deem appropriate.

Employer: _____ Project: _____

Date: _____ Time: _____ Shift: _____

Number in crew: _____ Number attending: _____

Safety or Health issues discussed. Include recent accident investigations and hazards involving tools, equipment, the work environment, work practices and any Safety or Health recommendations:

Follow up on recommendations from last safety meeting:

Record of those attending:

Name: (please print)	Signature:	Company:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Supervisor's remarks: _____

Supervisor: _____ (Print) _____ (Signature)