



## Athletic Department Standard Operating Procedure for Scissors Lift

EOSMS- 313A

Effective Date: 09/5/2014

Page 1 of 6

### **Purpose**

To develop a policy that ensures the safe usage of scissors lifts while recording football practices.

### **Scope and Application**

This standard operating procedure applies to all recording operations that would require the usage of a scissor lifts while recording football practices/scrimmages.

### **Roles and Responsibilities**

#### **A. Environmental Health & Safety**

The Department of Environmental Health & Safety is responsible for the following:

1. Assisting the Athletics Video department in developing written procedures and implementing any revisions as deemed necessary.
2. Review and update written SOP on an as needed basis.
3. Review training that is being provided to respective individuals.

#### **B. Head Video Coordinator**

Head Video Coordinator is responsible for:

1. Designating persons who will be responsible for operating and maintenance of scissors lift.
2. Ensuring that the scissors lifts are properly inspected and maintained in safe operating conditions.
3. Ensuring that all authorized users are trained in all aspects of related task.
4. Maintaining written documentation of completed scissors lift training, inspections, and maintenance.
5. Ensure that SOP is being followed by all authorized users.
6. Ensure detailed maintenance check is performed, operator's manual is provided, and lifts are in appropriate working conditions prior to lifts being left onsite by supplier.
7. Ensure lifts are rated for outdoor use.

#### **C. Scissor Lift Operator**

Scissors lift operator is responsible for:

1. Follow SOP and always operate lift in a safe manner.
2. Inspect scissors lift daily to insure components are working properly.

3. Immediately report any unsafe conditions or concerns related to scissor lift safety to Head Video Coordinator.

#### **D. Lift Rental Vendor**

The lift vendor will be responsible for:

1. Bringing scissors lift that is in good working condition on site.
2. Providing initial training to individuals that will be authorized the lifts.
3. Making any necessary repairs that may arise during the course of the rental period.

### **Procedures**

The following is a set of safety rules and procedures that shall govern the operation of scissors lift being used by athletic department.

#### **A. Safe Work Practice Pre-Inspection**

Each work shift before operation authorized users shall:

1. Walk around the lift to conduct a visual inspection to insure all safety devices, emergency controls, fall protection equipment, and tires are in good physical condition. (If damage exist on any of the aforementioned components document on check list and report to Head Video Coordinator)
2. Use wind speed meter to ensure ground wind speed does not exceed 25 mph.(if wind speed exceeds 25 mph lift should NOT be elevated.)
3. Monitor for any other weather conditions to include: rain, lightning, snow, or sleet.(If any of these conditions exist it is advised that the lift is not elevated)
4. Work areas are clear of any ground depressions, obstructions, debris or drop-offs. (Lifts should NOT be raised on uneven or soft surfaces. Sloped grounds are also prohibited)
5. Ensure that no obstructions are above where lift is to be elevated to include: Power lines, trees, pipes, building structures, and canopies.

#### **B. Safe Work Practice During Lift Operation**

Each authorized operator shall follow the following procedures:

1. Ensure that all guardrails or access doors are installed and completely closed when getting onto platform.
2. Ensure that braking mechanism is in place prior to being elevated.
3. Continue to observe area above where lift is elevated to ensure that there are no obstructions.

4. Check wind speed with wind meter once at filming height. (If wind exceeds 25 mph lift should be brought to the ground level immediately)
5. Load capacity shall not exceed manufactures recommendations.
6. Authorized user shall not lean or climb on guardrails.
7. Lift shall not be driven while elevated.
8. If authorized users feel unsafe in any way lift shall be grounded IMMEDIATELY.

### **C. Storage of Scissor Lift**

The lift should be taken to a location where it can be parked by placing the platform in the stowed position. All controls should be in the neutral position and all electrical power should be shut down. All measures should be taken to assure that the lift is not utilized by unauthorized persons.

### **Operator Training**

1. Only employees or student works who have successfully completed the vendor's training shall be authorized to operate a scissors lift.
2. Training shall consist of a combination of formal, practical training and evaluation of the operator's performance by the vendor who will be renting the scissors lift.
3. Refresher training shall be provided if operator has been observed working in a unsafe or a near miss or accident has been observed or reported.
4. Operator can only operate the specific scissors lift that they have been trained on.
5. Training records shall be documented and maintained by Head Video Coordinator and copy of the records for KSU Environmental Health & Safety Department.

**Appendix A: SOP Review Record Form**

**To be completed by employee/student**

*Performing work on elevated surfaces presents a hazardous environment. To mitigate risks associated with use of operating a scissors lift and to ensure the safety of KSU employees and students, the University has establishes a Standard Operating Procedure (SOP) for operating scissors lift while recording athletic events.*

*The procedure requires that all faculty/staff/students who work on the scissors lif complete the appropriate safety training, read and comply with the SOP for scissors lift. This form, therefore, should be completed and signed by each KSU employee or student who works, or plans to work with on the scissors lifts provided by the athletic department, as documentation that he/she has read and understands the requirements of the SOP.*

Name		Faculty	Staff	Student
Job Title		Department		
Supervisor's Name				
<b><i>By signing this form I certify that I read, understand and will comply with the requirements of this SOP</i></b>				
Signature		Date		
<i>Note:</i>				