**Auto Lift Policy**

It is the policy of that Automotive lifts be operated, inspected and maintained in accordance with the best practices outlined in this policy. The purpose of this policy is to ensure that employees are protected from hazards posed by the utilization of Auto Lifts.

Management will ensure that each technician fulfils their operator responsibilities and receives the appropriate training prior to using any lift. Management will ensure that each auto lift receive their annual inspection and that all necessary repairs/maintenance be addressed in a timely manner. All lift maintenance, repairs, inspections, and training records will be documented and kept on file. All lifts needing repairs and are deemed unsafe, will be taken out of service until fixed by a qualified lift service company.

TechnicianResponsibilities

* Must not use auto lifts unless properly trained.
* Must use all applicable safety features on the automotive lift. These include, but are not limited to, arm restraints, column safety locks, hold to run lift switch, hold to lower hydraulic lowering valve, overhead shut off switch.
* Must operate the lift according to manufacturer’s instructions at all times.
* Maintain proper housekeeping in your work area so the lift may be safely operated.
* Perform regular inspections of your lift to identify unsafe, worn out or defective parts and notifying your supervisor immediately of any lift deficiencies.
* Must utilize your lift as it is intended to be used per manufacturer specifications, and never lifting anything heavier than its capacity.
* Use proper lift pick up points and ensure every vehicle is spotted correctly.
* Use jack stands when work may create load shift or affect contact points

Failure to adhere to this policy may result in the serious injury or death to you or a co-worker. Therefore, any failure to follow this policy will result in disciplinary action.

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Management Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_**