

PREVENTIVE MAINTENANCE LIFT

Intervention date:...../...../.....

Service provider's stamp:	Name and surname of speaker:
Name of the establishment referent:	Room number:
Brand: Model: Equipment no.: Manufacturer's serial no.:	<input type="checkbox"/> Leased equipment <input type="checkbox"/> Owned equipment

Description	Compliant	Non-compliant	Diagnosis
<i>Check flail hanger (remove any protective cover). This involves checking the wear of the solid pin, the pin attachment (grooved pin, etc.) and the flail sleeve</i>			
Check cylinder/lifting arm assembly			
Checking cylinder/mast assembly			
Checking mast/lifting arm assembly			
Checking mast/base assembly(s)			
Checking the mast / handlebar assembly			
Checking the foot spreader system			
Check pedal or ECP cylinder assembly			
Checking left and right foot assemblies			
Check wheel mounting			
Checking the condition of the structure and paintwork			
Check lifting cylinder operation			
Remote control check (function and status)			
Check control box (emergency stop, charger, etc.)			
Battery check (3 complete cycles)			
Optional: ECP cylinder function check			
Observations: <ul style="list-style-type: none"> breakage customer misuse wear and tear equipment replaced by N° 			

Service provider signature:

Company stamp: