

MONTHLY LIFT INSPECTION CHECKLIST

Instructions: Use one page for each lift. Check each blank as that item is inspected. Not the date inspected, the initials of the staff member who performed the inspection and repairs or adjustments made in the "ACTION TAKEN" column

LIFT NAME: _____ SERIAL NUMBER: _____ YEAR: _____

| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEPT | OCT | NOV | DEC | ACTION TAKEN |
|--|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|--------------|
| Check hand control to ensure all functions work. | | | | | | | | | | | | | |
| Check emergency controls (Emergency Down/Up, Stop) | | | | | | | | | | | | | |
| Check castors (roll and swivel) | | | | | | | | | | | | | |
| Check nuts and bolts for tightness. | | | | | | | | | | | | | |
| Visually inspect lift/ cracks in welds/ cosmetic damage. | | | | | | | | | | | | | |
| If applicable check: | | | | | | | | | | | | | |
| Hanger bar for security | | | | | | | | | | | | | |
| Lifting straps for excessive wear | | | | | | | | | | | | | |
| Battery for security and proper contact | | | | | | | | | | | | | |
| Scales to ensure batteries are good. | | | | | | | | | | | | | |
| Chargers to ensure proper output | | | | | | | | | | | | | |
| Base to ensure legs open correctly | | | | | | | | | | | | | |
| Charger cord & plug is operational | | | | | | | | | | | | | |