



Monthly Lift Inspection

Month: _____ Insp. Date: _____

Make: _____ Model: _____ Serial#: _____

1. Check (P) the appropriate box as each item is completed. If there is more than one inspector, each person will initial the item they have inspected.
2. Record comments, observations, and the date items were repaired or replaced.
3. If any item was not inspected, write "NI" in the comments box. If any item is not applicable to this lift, write "NA"
4. Sign and date at the bottom when all items are completed.

Inspection / Service Item	OK	Needs Repair	Repaired Replaced	Comments / Date Repaired or Replaced
15 minute leak test (vehicle elevated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HYDRAULIC SYSTEM				Capacity: _____ lbs
Test Function:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oil Level & Inspect for leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Valves:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoses:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CABLES, CHAINS, VBELTS, SPINDLES				
Check for excess play:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amount of wear:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cables lubricated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PULLEYS, PINS, & SPROCKETS				
Check for excess play:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pulleys greased:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COLUMNS & POSTS				
Rust, damage, or wear:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alignment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubbing blocks or guide rollers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLING BRIDGE, WHEELS FREE				Capacity: _____ lbs
Leak test:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Locks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rollers or slides:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL				
Decking and covers secured:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anchor bolts and other fasteners:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swing arm restraints, telescoping stops:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wheel chocks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Runway stops:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drive up ramps:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test lift locks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspect & test other safety features:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL				
Function of switches:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limit switch:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of terminals:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	