

# MONTHLY AUTO LIFT INSPECTION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial # \_\_\_\_\_

**Instructions:**

1. Check (✓) the appropriate box as each item is completed. If there is more than one inspector, each person will initial the item they 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 auto 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
<b>15 minute leak test (vehicle elevated)</b>				
<b>HYDRAULIC SYSTEM</b>				
CAPACITY _____ lbs				
Test Function:				
Oil Level & Inspect for Leaks:				
Valves:				
Hoses:				
<b>CABLES, CHAINS, V-BELTS, SPINDLES</b>				
Check for Excess Play:				
Amount of Wear:				
Cables Lubricated:				
Pulleys Greased:				
<b>PULLEYS, PINS &amp; SPROCKETS</b>				
Condition:				
<b>COLUMNS, POSTS</b>				
Rust / Damage / Wear:				
Alignment:				
Rubbing Blocks or Guide Rollers:				
<b>ROLLING BRIDGE, WHEEL FREE</b>				
CAPACITY _____ lbs				
Leak Test:				
Locks:				
Rollers or Slides:				
<b>GENERAL</b>				
Decking & Covers Secured:				
Anchor Bolts & Other Fasteners:				
Swing Arm Restraints, Telescoping Stops:				
Wheel Chocks:				
Runway Stops:				
Drive-up Ramps:				
Test Lift Locks:				
Inspect / Test Other Safety Features:				
<b>ELECTRICAL</b>				
Function of Switches:				
Limit Switch:				
Condition of Terminals:				
<b>OTHER</b>				

Inspected by: \_\_\_\_\_ Date completed: \_\_\_\_\_