PERIODIC MAINTENANCE CHECK SHEET

CUSTOMER NAME:			PHONE:
ADDRESS:			FAX:
CITY:	STATE:	ZIP:	CONTACT:

EQUIPMENT SERIAL NUMBER:	MODEL NUMBER:
EQUIPMENT LOCATION:	

SYSTEM OR COMPONENT TO BE CHECKED	INSPECTED/ COMPLETED	NEEDS REPAIR	NEEDS REPLACEMENT
RAISE UNIT TO CLEAR OIL BUILDUP			
CLEAN DEBRIS FROM PIT/UNDER DOCK			
CHECK HYDRAULIC HOSES			
CHECK MAIN AXLE RETAINING CLIPS			
CHECK MAIN AXLE BUSHINGS FOR WEAR			
CHECK MAIL AXLE PINS FOR WEAR			
CHECK ROLLER WHEELS FOR WEAR			
WHEEL PIN RETAINING CLIPS IN PLACE			
CHECK WHEEL PINS FOR WEAR OR DAMAGE			
INSPECT CYLINDERS FOR LEAKS			
CYLINDER PIN RETAINING CLIPS IN PLACE			
CHECK CYLINDER MOUNTING PINS FOR WEAR			
CHECK HYDRAULIC FITTINGS FOR LEAKS			
INSPECT SAFETY RAILS			
INSPECT SAFETY CHAINS			
CHECK TRAVEL LIMIT SWITCHES			
CHECK BRIDGE PIN & HINGE FOR WEAR			
CHECK BRIDGE CHAINS			
LUBRICATE BRIDGE HINGE			
*CHECK FLUID LEVELS AND FOR CONTAMINATION			
INSPECT POWER UNIT FOR LEAKS			
INSPECT SUCTION FILTER			
CHECK BREATHER FILTER			
CHECK PUSHBUTTON FOR PROPER FUNCTION			
INSPECT COIL CORD FOR WEAR OR DAMAGE			

*Advance Lifts recommends that you change your oil annually.

NOTES:_____

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WORK PERFORMED BY:		DATE:
COMPANY NAME:		PHONE:
ADDRESS:		
CITY:	STATE:	ZIP:

White = Customer, Yellow = Technician, Pink = Office