



Electric Manlift Quarterly Inspection

Location: _____ Manlift Number: _____

This inspection is to be done at intervals **not to exceed** 90 days by a competent and trained employee. OSHA 29 CFR 1910.68 (e)

A manlift found to be unsafe **shall not** be operated until properly repaired.
29 CFR 1910.68 (e)

Limit switches are to be checked weekly. 29 CFR 1910.68 (e)

This record **shall** be kept on the premises. 29 CFR 1910.68 (e) (3)

Area Inspected (check when inspection is complete)	Comments (list any discrepancies, if none, write "none")
<input type="checkbox"/> Access Clearances	
<input type="checkbox"/> Interlocking Access Gates	
<input type="checkbox"/> Guide Rail Condition	
<input type="checkbox"/> Rail Supports and Fastenings	
<input type="checkbox"/> Cable Connections	
<input type="checkbox"/> Counter Weight Connections	
<input type="checkbox"/> Car Rail Condition	
<input type="checkbox"/> Floor Landings	
<input type="checkbox"/> Guard Rails	
<input type="checkbox"/> Lubrication	
<input type="checkbox"/> Limit Switches	
<input type="checkbox"/> Warning Lights and Signs	
<input type="checkbox"/> Shaft way Illumination	
<input type="checkbox"/> Motor: Conduit and Connection Condition	
<input type="checkbox"/> Top Driving Mechanism	

Area Inspected (check when inspection is complete)	Comments (list any discrepancies, if none, write "none")
<input type="checkbox"/> Brake	
<input type="checkbox"/> Electrical Switches	
<input type="checkbox"/> Vibration and Misalignment	
<input type="checkbox"/> Any other unsafe conditions	

If more space is needed use the other side of this form.

Completed By: _____ Date: ___/___/___

Print Name: _____