

Endless Belt Manlift Monthly Inspection

Location: _____ Manlift Number: _____

This inspection is to be done at intervals **not to exceed 30 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"/> Steps	
<input type="checkbox"/> Step Fastenings	
<input type="checkbox"/> Rails	
<input type="checkbox"/> Rail Supports and Fastenings	
<input type="checkbox"/> Rollers and Slides	
<input type="checkbox"/> Belt and Belt Tension	
<input type="checkbox"/> Hand Holders and Fasteners	
<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"/> Illumination	
<input type="checkbox"/> Drive Pulley	
<input type="checkbox"/> Bottom (Boot) Pulley and Clearance	
<input type="checkbox"/> Pulley Supports	
<input type="checkbox"/> Motor	

Area Inspected (check when inspection is complete)	Comments (list any discrepancies, if none, write "none")
<input type="checkbox"/> Driving Mechanism	
<input type="checkbox"/> Brake	
<input type="checkbox"/> Electrical Switches	
<input type="checkbox"/> Vibration and Misalignment	
<input type="checkbox"/> "Skip" on Up or Down Run When Mounting Step. (Indicating Worn Gears)	
<input type="checkbox"/> Any other unsafe conditions	

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

Completed By: _____ Date: ___/___/___

Print Name: _____