



Hand Powered 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.

A manlift found to be unsafe **shall not** be operated until properly repaired.

This record **shall** be kept on the premises.

Area Inspected (check when inspection is complete)	Comments (list any discrepancies, if none, write "none")
<input type="checkbox"/> Used by trained, authorized personnel	
<input type="checkbox"/> Appropriate Signs Posted	
<input type="checkbox"/> Car / cab cleanliness	
<input type="checkbox"/> Car construction sound	
<input type="checkbox"/> Car sides not less than 42" except entrances	
<input type="checkbox"/> Car gate able to withstand lateral pressure to 250 pounds	
<input type="checkbox"/> Double car locking system (independent of car brake)	
<input type="checkbox"/> Container in car for counterbalance weights	
<input type="checkbox"/> Car rollers or guides condition	
<input type="checkbox"/> Car guide rail condition	
<input type="checkbox"/> Doors remain closed when unit operating	
<input type="checkbox"/> Unused sides of shaft way enclosed	
<input type="checkbox"/> Fixed ladder accessible at any point in hoist way	
<input type="checkbox"/> Load capacity observed	
<input type="checkbox"/> Condition of overhead beam	
<input type="checkbox"/> Cable fastenings not of U-bolt type	

Area Inspected (check when inspection is complete)	Comments (list any discrepancies, if none, write "none")
<input type="checkbox"/> Condition of operating rope	
<input type="checkbox"/> Counterweight fully enclosed for the full length of travel	
<input type="checkbox"/> Shaft way lighted, globe free of dust	
<input type="checkbox"/> Bumper springs on top of the car or at sheave supports	
<input type="checkbox"/> Springs at lowest limit of car travel (steel belted radial tire size G-15 is acceptable)	
<input type="checkbox"/> Date of last inspection from an outside qualified source	
<input type="checkbox"/> Any other unsafe conditions or noteworthy items	

If more space is needed use the space below.

Completed By: _____ Date: ___/___/___

Print Name: _____