

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
15 minute leak test (vehicle elevated)				
HYDRAULIC SYSTEM				
CAPACITY _____ lbs				
Test Function:				
Oil Level & Inspect for Leaks:				
Valves:				
Hoses:				
CABLES, CHAINS, V-BELTS, SPINDLES				
Check for Excess Play:				
Amount of Wear:				
Cables Lubricated:				
Pulleys Greased:				
PULLEYS, PINS & SPROCKETS				
Condition:				
COLUMNS, POSTS				
Rust / Damage / Wear:				
Alignment:				
Rubbing Blocks or Guide Rollers:				
ROLLING BRIDGE, WHEEL FREE				
CAPACITY _____ lbs				
Leak Test:				
Locks:				
Rollers or Slides:				
GENERAL				
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:				
ELECTRICAL				
Function of Switches:				
Limit Switch:				
Condition of Terminals:				
OTHER				

Inspected by: _____ Date completed: _____