	Inspec	tion and To Hydrauli			tor and	Record No.: ——page 1 of
Clien	t:	Subcontractor:		,		
Project No.:		Subcontract P.	O. No.:			
Project Name:		Equipment No.	:			
		Serial No.:				
Additional Information:		P.O. No.:				
Vend	lor:	Reference Doo	ument:			
Items to inspect		Subcontractor	Subcontractor Company		Remarks	
		inspected initials/date	Hold Point	inspected* initials/date		
1.0	Nameplates data in accordance with drawings specifications and requisitions	,				
2.0	Check structural steel guides/supporting columns for elevator shaft					
3.0	Check hydraulic system					
4.0	Check against lubrication plate for correct oil a correct level	and				
5.0	No oil leaks in tanks and on the hydraulic system					
6.0	Check all valves are in correct position					
7.0	Check installation of elevator cabin					
8.0	Check conformity of cable trays, cable insulation, motor power panel board (Use relevant Company electrical inspection & test records)					
9.0	Check all door frames to be installed at each floor					
10.0	Grounding connected and tight					
11.0	Check lighting and emergency lighting installation and outlets					
h - Cor	mpany's presence is mandatory for all activities in section. mpany's presence is mandatory.	Accepted	or Con	Attachments, No. o		contact for Client
Accepted for Subcontractor		Accepted fo	or Con	прапу	Name:	cepted for Client
Name: Name: Signature: Signature:			ire:			
Date: Date:		e:				

*Company only initials for holdpoint

	Inspe	ection and T Hydrauli			tor and	Record No.: ——page 2 of	
Clien	t:	Subcontractor:					
Project No.:		Subcontract P.	O. No.:				
Project Name:		Equipment No.	:				
		Serial No.:					
Additional Information:		P.O. No.:					
Vend	or:	Reference Doo	cument:				
Items to inspect		Subcontractor	Subcontractor Company			Remarks	
	·	inspected initials/date	Hold Point	inspected* initials/date			
12.0	Check alarms:						
	Local						
	Remote						
13.0	Check all electrical limit switches						
14.0	Check telephone system						
15.0	Check automatic levelling						
16.0	Check shock absorber						
17.0	Check ventilation in shaft and cabin						
18.0	All protections, alarms, functional tests to b	pe	h				
	checked with vendor and Company						
	(attach relevant vendor forms)						
19.0	Verification of test by official organization (attach test certificate)						
20.0	Elevator type Mark and type: Duty of elevator: Lifting capacity:						
	Lifting speed:						
	Number of levels:						
	Year built:						
I	mpany's presence is mandatory for all activities in section.	<u>'</u>	J	Attachments, No. o	f pages:		
	npany's presence is mandatory. Accepted for Subcontractor	Accepted for	or <u>Con</u>	npany	Acc	epted for Client	
Name: Name:					Name:		
†		Signature:	ure:				
Date: Date:		Date:				Date:	

*Company only initials for holdpoint