

MIDILIFT AUDIT FORM

Stannah

Audit carried out by:					Lift number:	
Date of audit:					Site Address:	
Installation team:						
Product type:	SL	XL+	DL	ΡX		
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Section A - Items audited						

Item Description

Yes No

	Landings		
1	Do all the landing doors remain lock when lift is in operation		
2	At each landing threshold, is the step within the 10mm tolerance Please provide the dimension at each landing in millimetres	Ground (mm) First (mm) Second (mm) Third (mm) Fourth(mm) Fifth (mm)	
3	Does the emergency door release work correctly at each landing and are keys available Note: with a door open lift should not work when called from a landing	Ground First Second Third Fourth(mm)	
4	Do the landing call stations work correctly and also illuminate when depressed	Fifth (mm) Ground First Second Third Fourth(mm) Fifth (mm)	
5	Are the door closers set up correctly and lock nut fitted to the link arm tight	Ground First Second Third Fourth(mm) Fifth (mm)	
6	Does the lift level correctly at each landing	Ground (mm) First (mm) Second (mm) Third (mm) Fourth(mm) Fifth (mm)	
7	Does the over travel work & is it set correctly (max overtravel = 50mm)	· · ·	
8	Is the anti creep in working order(SL/DL/PX Only)		

Platform / Car

9	Is the clearance around the platform safety edge acceptable (SL & PX only)		
10	10 Does the platform safety edge work correctly & return freely when depressed		
11	Is the platform /cover secure & level		
12	Is the carriage cover secure and fixed correctly		
13	Have the guide rollers been adjusted and packed out correctly		
14	Does the lift stop if the light beam has been broken (DL & XL lifts only)		
15	Do the platform Alarm, emergency stop & destination buttons work		
16	Is there a communication device in place and working		
17	Does the DDU and Annunciator work correctly		

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P Enclosure

18	Does the emergency logo light work when the power to the lift is off.		
19	19 Are All Cabin Lights working?(XL+/DL Only)		
20	Are the main enclosure infill panels fitted correctly (not fitted to all DL's)		
21	Are the guide infill panels fitted correctly to either side of the guides(SL/PX Only)		
22	If glass infill panels, has the beading been fitted correctly and is the glass clean		
23	Are the C & L channels that support the enclosure infill panels fitted correctly		
24	Is the lift structure square		
25	If structure has been packed are the packers secure & support the ram		
26	Has the lift pit been cleaned out		

Guides / Ropes / Safety

26	Are the T guides secure and lubricated (DL / XL only)		
27	27 Are the ropes in good condition and fixed correctly to the platform & pit frame (DL / XL)		
28	Does the mechanical pit prop work correctly (DL / XL/ MkII SL)		
29	Are mechanical stops present and work correctly when inserted into the guides(SL)		
30	Are all the emergency stops within the lift fitted working		
31	Is the OSG vison window halfway or more		

Pump / Hose

32	2 Is the pump unit secure and easily accessible		
33	33 Are the service runs secure and aesthetically pleasing		
34	Are all hose unions tight & are not showing signs of leakage		
35	Is the hydraulic oil level correct and not showing signs of phosphoring		

Electrical

36	36 Is the earth continuity less than 1 ohm		
37	37 Has an RCD or RCBO been fitted and is it working correctly (not fitted to PX lift)		
38	Is the wiring free from snagging and in good condition		
39	Has an electrical drawing booklet been left with the lift or client		

<u>General</u>

40	Are all the warning, operating, load & information notices fitted inc CE mark	
41	Is the lift clean and aesthetically pleasing	

\mathbf{r}	Section B - Action Points
ltem	Description of action required, taken or recommendations

Section C - Audit Score

The audit score is awarded by the auditor based upon the items in section A which have passsed, if an item is not applicable please note down n/a.

If an item fails then report the problem and / or any corrective action on section B, any corrective action against any one item will lead to a no score being given for that item.

Score =

Section D - Disclosure

To the best of my knowledge the above information is a true and accurate account of the audit concerning the quality involving the installation team named in this audit where known.

Signed by Auditor

Signature:	Print Name:	Date: