

Stairiser Delta Certificate of Test and Examination After Installation

Site Address

Lift No

1. Description

Manufacturer: Lehner Liftechnik GesmbH

Model:

Manufacturer's Serial No.

Safe working load: kg

Rated speed:

Builders work drawing ref

 Rev.....

Motor power

Rated current (see motor data plate)

Software reference: Revision(e.g. 1.2)

Date (e.g. 09/2004)

2. Electrical

a. Voltage measurements

Position	Measurement (V)	Acceptance	Pass	Fail
Mains supply (disconnect power lead)		216 -253 (ac)	<input type="checkbox"/>	<input type="checkbox"/>
Charging (at pickup, carriage at landing)		>24 (dc)	<input type="checkbox"/>	<input type="checkbox"/>
Battery (at terminals, carriage out of landing)		>24 (dc)	<input type="checkbox"/>	<input type="checkbox"/>

b. Is mains supply dedicated?

Yes

No

c. Insulation resistance (minimum 5MΩ)

(Test cable only, disconnected from lift)

d. Earth continuity (maximum 0.5Ω)

e. Fuse: YES

or MCB: YES

what is rating?

Is rating of fuse or MCB 13A or below?

YES

NO

f. Is an RCD fitted?

'Test' functions correctly

YES

NO

Check that power is isolated & remains so until 'Reset' button is pressed

3. Operational tests

Perform all test with carriage stop switch out, unless otherwise stated

a. Speed of travel

Measure speed between given point along straight part of rail, with carriage fully loaded

Length (l)

 m

Time to travel (t)

 s

Speed (= l / t)

m/s

Is calculated speed in range of 0.1 to 0.15 m/s?

Yes

No

b. Brake test: measure stopping distances with full load on platform; is slide greater than 10mm?

YES

NO

c. Do the landing stop limit switches stop the lift when activated?

Upper.....

YES

NO

Lower.....

YES

NO

Intermediate..... N/A

YES

NO

d. Are the top and bottom ultimate limit switches correctly positioned so as to activate and stop the lift if the lift travels beyond its normal stop positions?.....

YES

NO

e. Does the overspeed governor switch stop the lift when activated?

YES

NO

- | | | | | | |
|----|---|-----|--------------------------|----|-------------------------------------|
| f. | Tick 'Yes' upon affirming both the following checks on the overspeed governor:
• drive gear rotates freely
• locking arm oscillates when lift running | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| g. | Does the platform underpan interlock switch stop the moving lift when operated? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| h. | Platform unfolded: when pressing the fold up switch & applying a resistance to barrier arm, is power to the actuator switched off? (Current limit interlock test) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| i. | Does the hand winding mechanism operate satisfactorily?..... | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| j. | Do all platform ramps and their safety switches operate correctly?
<i>Check that each stops lift travel when operated.....</i> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| k. | Is an alarm device fitted?..... | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| | If yes, does the alarm device operate correctly?..... | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| l. | Check for the following audible warnings:
Intermittent beep when lift parked at landing, but power disconnected | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| | Intermittent beep when lift stopped outside of landing | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| m. | Check for each landing station with key switch unlocked: operates lift & led flashes when a button is pressed. Tick 'Yes' if both satisfactory..... | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| n. | Check at each landing station: with the key switch locked & platform folded, are all landing & platform control buttons non-functional? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| o. | With platform unfolded & key switch. unlocked, are control buttons (test each in turn) at each landing control non-functional?
..... | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| p. | With platform folded & key switch. unlocked, are platform controls non-functional? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| q. | With the platform stop switch operated & key switch. unlocked, are all direction & fold controls (platform & landings) non-functional? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| r. | With rated load +75 kg overload confirm that normal starting of the stairlift is prevented from each of the landings | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| s. | With one barrier arm raised (test with each in turn), will the lift travel on pressing of any carriage direction control (test with each in turn)? | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |

4. Inspection Checks

- | | | | | | |
|----|---|-----|-------------------------------------|-----|-------------------------------------|
| a. | Are all fixings secure? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| b. | Are there any shearing hazards throughout the lift travel? (If yes include details at 6i) | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| c. | Are there any headroom hazards throughout the lift travel? Refer to drawing for clearance heights required. (If yes include details at 6i.) | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| d. | If headroom hazards exist has the "restricted headroom" warning notice been fitted? | N/A | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> |
| e. | Is the safe working load notice fitted to the lift?..... | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| f. | Are serial no. plate & operating instruction labels fitted in respective positions? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| g. | Has the electrical hazard warning label (part 916067) been fitted to cover plate of charger box? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| h. | Has lever on rear side of carriage been correctly marked in red? (See User manual, page 24 'Emergency unlocking') | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| i. | Are the end ramp "eye" rings correctly set? (nominally such that when folded, ramps are approx 45 deg. to folded platform face) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

- j. Have all labels been fitted in accordance with Stannah drawing ***** rev *? (*=tba) YES NO
- k. Confirm that the platform entry 'ramp' has been fitted to the 'ramp holder' bracket, that Loctite thread sealant was applied and that the fixings have been tightened to a torque of 9Nm YES NO

5. **Floor levelling accuracy** Tick box to indicate satisfactory

		Lowest	intermediate	Highest
a.	No load on platform	n/a		
	Travelling up			
	Travelling down			n/a
	Full load on platform	n/a		
	Travelling up			
	Travelling down			n/a

6. **Verification**

- a. Does the installation comply with all requirements on the test sheet? Tick 'Yes' if **all** shaded boxes in Sections 1 to 5 are ticked, otherwise tick 'No' YES NO
- b. Does the installation comply with the Builders work drawing (refer Section 1)? YES NO
- c. Are there any irregularities/special revisions on site? (if yes, include details at 6i) YES NO
- d. Have the operating instructions been handed over to the user/owner? YES NO

e. Lift operation demonstrated and handed over to:

Name: Position:

Representing: Tel no:

- f. Has the 'CE' marking plate been applied to the product? YES NO
The 'CE' marking plate may only be applied if shaded boxes in paragraphs 6.a to 6.e have been ticked
- g. Has the 'Platform lift completion & handover notice' been issued to the Purchaser? YES NO
- h. Is the User/Owner satisfied with the product? YES NO

i. Space for additional notes:

Refer to para no: Details:

.....

.....

7. **Declaration**

We certify that on (date) this lift was thoroughly examined & found to be free from obvious defects and that the foregoing is a correct report of the results.

Name (in capitals): Signed:

For: Stannah Lifts Ltd. Telephone: 01264 339090 date:

8. **Audit**

Test report approved (name) date:

Signed: