

**CHECKLIST FOR INSPECTION OF ELECTRIC PASSENGER AND GOODS LIFT
DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH, MALAYSIA**

Owner name and address:

Location of Equipment:

Name of competent person:

Rated Load : _____
No. of Passengers : _____
Rated Speed : _____
Motor Horse Power : _____
Type of Control : _____

Types of Inspection

- ☐ Routine inspection and test
☐ Periodic inspection and test (Annual)
☐ Periodic inspection and test (Every 5 yrs)
☐ Acceptance inspection and test

G = Good
 NG = No Good (repair)
 NA = Not Applicable

Approved Firm

Lift PMA No.:

Serial Number

Lift No. : _____
Floor Served : _____
No. of Opening : _____
Type of Lift : (Passenger / Goods / Hydraulic / MRL)
Type of Drive : (Traction Geared / Traction Gearless)

(1) MACHINE ROOM / SPACE

- 1.1 Safe access to LMR or machine space
- 1.2 Door securely locked with signages
- 1.3 Housekeeping
- 1.4 Adequate Lighting and receptacle
- 1.5 Adequate and effective ventilation
- 1.6 Emergency Power Unit (EBOPS)
- 1.7 Fire extinguisher
- 1.8 Conduits, Trunking and earthing
- 1.9 Machine sheave and floor opening guarding
- 1.10 M/c securely supported & fixed in position
- 1.11 Safe means of access to all lift equipment
- 1.12 All equipment are correctly identify and label
- 1.13 Machine brake operation
- 1.14 Motor gears and bearings
- 1.15 Handwinding device / Brake releaser
- 1.16 Traction sheave and grooves
- 1.17 Secondary & deflector sheaves
- 1.18 Rope fastening at terminations
- 1.19 Governor overspeed device and switch

G	NG	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(2) INSIDE OF CAR

- 2.1 Door reopening device
- 2.2 Car operating panel and buttons
- 2.3 Car lighting & ventilation
- 2.4 Car emergency alarm bell
- 2.5 Intercom System
- 2.6 Car door or gate
- 2.7 Load capacity data plate, PMA and signages
- 2.8 Car door locking device
- 2.9 Car floor, ceiling and sill

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(3) TOP OF CAR

- 3.1 Car top emergency stop switch
- 3.2 Car top lighting and 3-pin power socket
- 3.3 Car top inspection panel and buttons
- 3.4 Car overhead, pulley/sheaves
- 3.5 Car shoes or roller guides
- 3.6 Emergency terminal stopping devices
- 3.7 Up final limit switch
- 3.8 Emergency exit hatch and switch
- 3.9 Car top railing and guarding

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(4) INSIDE HOISTWAY

- 4.1 Hoistway construction
- 4.2 Pipes, wiring and ducts
- 4.3 Travelling cables, junction boxes
- 4.4 Guide rails securely fastened
- 4.5 Governor rope
- 4.6 Suspension ropes
- 4.7 Compensating ropes or chains
- 4.8 Rope guards correctly fitted on cwt. sheave
- 4.9 Filler weight securely fastened
- 4.10 Counterweight sheave shaft and bearing
- 4.11 Counterweight shoes or roller guides

G	NG	NA
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(5) LANDING FLOOR

- 5.1 Approved firm and emergency contact no.
- 5.2 Hall panel buttons and Indicator
- 5.3 Landing door operation
- 5.4 Landing door & gap
- 5.5 Landing door contact switches
- 5.6 Effective mechanically door locking
- 5.7 Landing door unlocking device

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(6) PIT

- 6.1 Access and lighting
- 6.2 Emergency stop switches
- 6.3 Pit clean and dry
- 6.4 Bottom clearance and refuge space
- 6.5 Down final limit switch
- 6.6 Governor rope tension device and switch
- 6.7 Safety operating switch
- 6.8 Car frame and platform
- 6.9 Car safeties & cwt safeties
- 6.10 Compensating chains, ropes & sheave
- 6.11 Car and counterweight buffers
- 6.12 Car and counterweight buffer switches
- 6.13 Car and counterweight buffer bottom runby
- 6.14 Sufficient car top clearance for overtravel
- 6.15 Cwt. and common lift shaft guarding

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(7) RIDE OPERATION

- 7.1 No unusual noise or vibration during running
- 7.2 Leveling accuracy acceptable

G	NG	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEST REQUIREMENT

	Is test satisfactory ?	Date Tested
a) Car buffer test		
i) at no load inspection speed (every 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
b) Counterweight buffer test		
i) at no load inspection speed (every 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
c) Car safety gear test		
i) at no load inspection speed (every 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
d) Counterweight safety gear test		
i) at no load inspection speed (every 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
e) Governor tripping speed test (every 5 years)		
i) Electrical tripping speed _____ mpm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
ii) Mechanical tripping speed _____ mpm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
f) Car door locking device		
i) Prevent trapped passenger from self rescue	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
g) EBOPS (Emergency Battery Operated Power Supply)		
i) Car lighting _____ hr(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
ii) Car ventilation fan _____ hr(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
h) Fire operation (TNB Power)		
i) Lift homing to fire service access level;	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
ii) Firefighting lift operation or;	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
iii) Document certified by fire Department	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
i) Load weighing calibration		
i) test manually at no load	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
ii) test with rated load (every 45 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
j) Brake Test		
i) test with 125% rated load (every 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____

Comment :

Inspector Signature

Competent Person Signature

Name :

Jabatan Keselamatan Dan Kesihatan Perkejaan

Date of Inspection : _____

Name :