

ANNUAL INSPECTION CHECKLIST



SYSTEM	7 (1110)		it officient		HYDRO	MOBILE	
AUTHORIZED DEALER NAME and ADDRESS:		USER/OWNER NAME and A	ADDRESS:				
NAME of QUALIFIED TECHNICIAN: MOTORIZED UNIT MODEL a		and SERIAL NUMBER: DATE of INSPECTION:					
Each Hydro Mobile hoist system must be submitted to an annual inspection. Use the spaces below to monitor inspections that need to be performed every year. Use the Notes and Comments form to indicate any discrepancy or any item found to be not acceptable. Any discrepancy must be reported and appropriate corrective action must be taken immediately. Corrective actions must be performed by a qualified technician. 'Qualified' means a person who, by possession of a recognized degree, certificate or professional standing, or who by extensive knowledge, training and experience, has successfully demonstrated the ability to solve or resolve problems relating to the subject matter, the work or the project. Only a qualified person on the specific make and model of the Hydro Mobile equipment is allowed to perform maintenance inspections and repairs on Hydro Mobile hoists according to the guidelines, instructions, warnings and methods set out in the owner's manuals and Hydro Mobile training courses. It is recommended to use replacement parts manufactured by or recommended by Hydro Mobile. The use of substitution parts could not only void the warranty covering this motorized unit and its components but cause serious damages that could lead to injury or death. It is recommended to replenish and grease components only with fluids and lubricants recommended by Hydro Mobile. Annual inspections must be performed by a qualified technician (see above).						erformed by a successfully nent is obile training d its	
USE CHECK MARK FOR EACH ENTRY VERIFIED. IF NECESSARY, T.	•	• •		ОК	CORRECTED	N/A	
STRUCTURE			IUMBER (if applicable):			1	
1 Inspect front support frame of hoist structure for any sign	•	ve rust or corrosion.					
2 Inspect hoist beam for any sign of damage, distortion and							
3 Inspect hoist doors and guardrails for any sign of damage,							
4 Inspect hoist power pack structure for any sign of damage, distortion and excessive rust or corrosion.							
	5 Inspect hoist winch trolley for any sign of damage, distortion and excessive rust or corrosion.						
6 Inspect rear support frame of hoist structure for any sign o		ve rust or corrosion.					
7 Inspect cross braces for any sign of damage, distortion and	d excessive rust or corrosion.						
GAS ENGINE			IUMBER (if applicable):		<u> </u>		
8 Perform recommended maintenance on Honda engine as			IUMBER (if applicable):				
8 Perform recommended maintenance on Honda engine as POWER PACK and HYDRAULIC COMPON	ENTS	manual.	IUMBER (if applicable): IUMBER (if applicable):				
8 Perform recommended maintenance on Honda engine as POWER PACK and HYDRAULIC COMPON 9 Adjust engine RPM at full throttle and idle speed as per technique.	ENTS chnical procedure.	manual.	1 1 1				
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HOIST_MAINTANNUAL_0220 07 Feb 20



ANNUAL INSPECTION CHECKLIST



NAME of QUALIFIED TECHNICIAN:	MOTORIZED UNIT MODEL and SERIAL NUMBER:	DATE of INSPECTION:			
USE CHECK MARK FOR EACH ENTRY VERIFIED. IF NECESSARY, TA	AKE CORRECTIVE ACTION BEFORE INSERTING CHECK MARK.		ОК	CORRECTED	N/A
TROLLEY	SERIAL N	NUMBER (if applicable):			
25 Inspect and lubricate traverse chain and pivots properly wit	th a lubricant recommended by Hydro Mobile. Adjust tension of cl	nain, if necessary.			
WIRE ROPE	SERIAL N	NUMBER (if applicable):			
26 Inspect hook and latch.					
27 Inspect wedge socket and routing of wire rope through we	dge socket.				
28 Inspect wire rope for any signs of damage, kinking or wear.					
29 Lubricate wire rope properly with lubricant recommended	by Hydro Mobile.				
30 Verify that wire rope is winding properly.					
WINCH	SERIAL N	NUMBER (if applicable):		•	
31 Check all hydraulic hoses and fittings for any leaks or signs	of wear.				
32 Check all hydraulic quick couplers. Clean or replace, if nece	ssary.				
33 Check winch gear oil level. Replenish, if necessary, with oil	recommended by Hydro Mobile.				
34 Inspect winch for any hydraulic leaks and signs of damage.					
35 Replace winch gear oil with oil recommended by Hydro Mo	bile. Adjust oil level properly.				
GENERAL	SERIAL N	NUMBER (if applicable):		•	
36 Check all stickers and make sure they are in place and read	able.				
TESTS to RUN (as per technical procedur	es) SERIAL N	NUMBER (if applicable):			
37 Perform brake capacity test as per technical procedure HM	IT-0230-00.				
38 Perform travel test and validate operating pressure as per t	technical procedure.				
39 Test anti-two block limit switch (if applicable).					
40 Test DOWN 1st speed button.					
41 Test DOWN 2nd speed button.					
42 Test emergency stop button.					
43 Test inward travel limit switch (if applicable).					
44 Test lifting capacity of hoist.					
45 Test UP 1st speed button.					
46 Test UP 2nd speed button.					
47 The outward travel limit switch (if applicable).					
		_			
The undersigned certifies that this hoist has been properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/user and that all discrepancies have been corrected prior to further use of this hoist.					

Signature of QUALIFIED TECHNICIAN HOIST_MAINTANNUAL_0220

07 Feb 20

Name of QUALIFIED TECHNICIAN (IN PRINT)

DATE OF INSPECTION

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HOIST SYSTEM

ANNUAL INSPECTION CHECKLIST NOTES and COMMENTS



SYSIEM			NOTES and C	CIVITALE	NIO	HYDRO MOBILE
NAME of QUALIFIED	TECHNICIAN:	HOIST SERIAL NUMBER: DATE of IN		SPECTION:		
DATE ENTERED	NOTE or COMMENT		CORRECTIVE ACTION REQUIRED		DATE OF REPORT TO OWNER/USER	DATE OF COMPLETION FOR CORRECTIVE ACTION
The undersigned certifies that this hoist has been properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/user and that all discrepancies have been corrected prior to further use of this hoist. Signature of QUALIFIED TECHNICIAN Name of QUALIFIED TECHNICIAN (IN PRINT) DATE OF INSPECTION						
HOIST_MAINTANNUAL_02		warne of QUA	LIFIED TECHNICIAN (IN PRINT)	DATE O	F INSPECTION	