

AUTHORIZED DEALER NAME and ADDRESS:		USER/OWNER NAME and ADDRESS:	

NAME of QUALIFIED TECHNICIAN:	MOTORIZED UNIT MODEL and SERIAL NUMBER:	DATE of INSPECTION:



Each Hydro Mobile hoist system must be submitted to a frequent inspection. Use the spaces below to monitor inspections that need to be performed every three months. 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. All inspection steps included in the daily inspection checklist must be performed before the frequent inspection steps.

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.

Frequent inspections must be performed by a qualified technician (see above).

USE CHECK MARK FOR EACH ENTRY VERIFIED. IF NECESSARY, TAKE CORRECTIVE ACTION BEFORE INSERTING CHECK MARK.

OK	CORRECTED	N/A
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STRUCTURE	SERIAL NUMBER (if applicable):
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1	Inspect cross braces for any sign of damage, distortion and excessive rust or corrosion.			
2	Inspect front support frame of hoist structure for any sign of damage, distortion and excessive rust or corrosion.			
3	Inspect hoist beam for any sign of damage, distortion and excessive rust or corrosion.			
4	Inspect hoist doors and guardrails for any sign of damage, distortion and excessive rust or corrosion.			
5	Inspect hoist power pack structure for any sign of damage, distortion and excessive rust or corrosion.			
6	Inspect hoist winch trolley for any sign of damage, distortion and excessive rust or corrosion.			
7	Inspect rear support frame of hoist structure for any sign of damage, distortion and excessive rust or corrosion.			

GAS ENGINE / MOTOR	SERIAL NUMBER (if applicable):
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8	Perform recommended maintenance on Honda engine as per instructions in Honda owner's manual.			
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POWER PACK and HYDRAULIC COMPONENTS	SERIAL NUMBER (if applicable):
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9	Adjust engine RPM at full throttle and idle speed as per technical procedure.			
10	Check all hydraulic hoses and fittings for any leaks or signs of wear.			
11	Check all hydraulic quick couplers. Clean or replace, if necessary.			
12	Check choke actuation.			
13	Check condition of the hydraulic return filter and replace, if necessary.			
14	Check electrical connection inside the control panels and boxes.			
15	Check electrical connection to the engine starter switch.			
16	Check gasoline level. Replenish, if necessary.			
17	Check hydraulic oil level. Replenish, if necessary, with hydraulic oil recommended by Hydro Mobile.			
18	Clean battery connections and perform battery load test as per technical procedure.			
19	Inspect electrical wiring to and from the electric box and connectors.			
20	Perform charging system test on Honda engine as per technical procedure.			
21	Test setting of hydraulic pressure relief valve at 1st speed as per technical procedure.			
22	Test setting of hydraulic pressure relief valve at 2nd speed as per technical procedure.			

TROLLEY	SERIAL NUMBER (if applicable):
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23	Check sprocket connections and lubricate pivots.			
24	Inspect and lubricate traverse chain and pivots properly with a lubricant recommended by Hydro Mobile. Adjust tension of chain, if necessary.			

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	OK	CORRECTED	N/A
WIRE ROPE			
SERIAL NUMBER (if applicable):			
25 Inspect hook and latch.			
26 Inspect wedge socket and routing of wire rope through wedge socket.			
27 Inspect wire rope for any signs of damage, kinking or wear.			
28 Lubricate wire rope properly with lubricant recommended by Hydro Mobile.			
29 Verify that wire rope is winding properly.			

WINCH	SERIAL NUMBER (if applicable):			
30 Check all hydraulic hoses and fittings for any leaks or signs of wear.				
31 Check all hydraulic quick couplers. Clean or replace, if necessary.				
32 Check winch gear oil level. Replenish, if necessary, with oil recommended by Hydro Mobile.				
33 Inspect winch for any hydraulic leaks and signs of damage.				

GENERAL	SERIAL NUMBER (if applicable):			
34 Check all stickers and make sure they are in place and legible.				

WHEN MOTORIZED UNIT IS IN USE	SERIAL NUMBER (if applicable):			
35 Perform all steps included in the daily/weekly inspection checklist.				
36 Verify proper fastening of hoist structure to motorized unit (bolt assemblies and F bracket).				

TESTS to RUN (as per technical procedures)	SERIAL NUMBER (if applicable):			
37 Perform brake capacity test as per technical procedure.				
38 Perform travel test and validate operating pressure as per 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	Name of QUALIFIED TECHNICIAN (IN PRINT)	DATE OF INSPECTION
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OK	CORRECTED	N/A
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