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MOTORIZED UNITS and ACCESSORIES	s FREQUE	INT INSPECTION	ON CHECKL	ISI	HYDRO M	IOBILE	
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 motorized unit and its accessories 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 units 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, TA	AKE CORRECTIVE ACTION BEFORE	E INSERTING CHECK MARK.		ОК	CORRECTED	N/A	
ACCESS and SAFETY 1 A legible copy of the Owner's manual is present in the tooll	hov	SERIAL N	IUMBER (if applicable):				
	DOX.						
BASE 2 Inspect jack gears and mechanism (4x or 8x, as applicable).	Grease jack mechanism, if neces		IUMBER (if applicable):				
Inspect pedestal extension structure for any welding defect	•	<i>'</i>					
4 Inspect pedestal extension structure for any welding defect							
5 Inspect pedestal structure for any welding defects, damage	ed parts and excessive rust or corr	osion.					
6 Inspect rubber buffers on the base. Replace if damaged.							
7 Inspect trigger for bottom limit and trigger for bottom final	l limit.						
MAIN FRAME 8 Inspect integrity of main frame access door and locking me	a la caricación de la cari	SERIAL N	IUMBER (if applicable):				
, ,		•					
9 Inspect main frame structure for any welding defects, dame	aged parts and excessive rust or c	corrosion.					
POWER TRAIN 10 Check adjustment of rack safety stopper as per technical pi	rocedure	SERIAL N	IUMBER (if applicable):				
, , , , , , , , , , , , , , , , , , , ,							
11 Check all gears for alignment and excessive wear as per tec	ciffical procedure.						
12 Check bearings, shafts and retaining rings.			·				
3 Check gear box oil level as per technical procedure. Replenish, if necessary, with gear box oil recommended by Hydro Mobile. If over 2000 hours since last oil change (or after 500 hours for the break-in period), replace oil with gear box oil recommended by Hydro Mobile.							
14 Check idlers and bearings.							
5 Clean open gear grease from gears.							
16 Inspect air gap and condition of brakes on lower motor as p	per technical procedure.						
17 Inspect air gap and condition of brakes on upper motor as	per technical procedure.						
18 Inspect all rollers for alignment and excessive wear.							
19 Inspect breather vent on gear box.							
20 Inspect electrical wiring to and from motors and brakes.							
21 Inspect gear box for any leaks or signs of wear.							
22 Inspect power train structure for any welding defects, dam	aged parts and excessive rust or o	corrosion.					

23 Check bearings, shafts and retaining rings.

MAIN TROLLEY STANDARD

S_MAINTFREQ_1121 Page 1 of 3

SERIAL NUMBER (if applicable):



55 Perform brake capacity test as per technical procedure HMT-0230-00.

S_MAINTFREQ_1121

NAME of QUALIFIED TECHNICIAN:

FREQUENT INSPECTION CHECKLIST

DATE of INSPECTION:



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	CHECK MARK FOR EACH ENTRY VERIFIED. IF NECESSARY, TA	AKE CORRECTIVE ACTION BEFORE INSERTING CHECK	MARK.		OK	CORRECTED	N/A
1VIA 24	AIN TROLLEY STANDARD SERIAL NUMBER (if applicable): 4 Check electrical connection to the control panel.						
25	Check hardware and connection points to main frame.						
26	Check skate rollers and make sure they pivot on the shaft.						
27	Inspect all four (4) tie points (D-rings) on the main trolley.						
28	Inspect all rollers for alignment and excessive wear.						
29	Inspect electrical wiring and connection to all sensors and o	connectors.					
30	Inspect main trolley structure for any welding defects, dam	naged parts and excessive rust or corrosion.					
100	NTROL PANEL		SERIAL N	NUMBER (if applicable):			
31	Check control panel switches and display screen.						
32	Check electrical connections inside the control panel.						
33	Control pendant (if present and used) has been inspected.	Pendant shows no signs of damage and is working pr	operly.				
34	Inspect electrical cord and connection port.						
GEN	IERAL		SERIAL N	NUMBER (if applicable):			
35	Check all stickers and make sure they are in place and legib sticker.	ble. Replace or update stickers as required. Update th	ne appropriate	e inspection validation			
36	Check condition of mast guard panels.						
37	7 Check outriggers, outrigger lock bolts and plank stop pins for damages.						
38	Inspect 27" (69 cm) guardrails (2x) for any welding defects, damaged parts or excessive rust or corrosion [28" (71 cm) guardrail on older unit models].						
39	9 Inspect 30" (76 cm) guardrails (2x) for any welding defects, damaged parts or excessive rust or corrosion.						
40	Inspect 60" (1,5 m) guardrails (2x) for any welding defects,	damaged parts or excessive rust or corrosion.					
41	Inspect access stairs, ramps and extension for any welding	defects, damaged parts and excessive rust or corrosi	ion.				
42	Inspect door guardrail for any welding defects, damaged pa	arts and excessive rust or corrosion.					
43	Inspect plank-end guardrails for any welding defects, dama	ged parts or excessive rust or corrosion.					
WH	EN MOTORIZED UNIT IS IN USE		SERIAL N	NUMBER (if applicable):			
44	Check integrity of wall tie brackets and anchor fasteners.						
45	Inspect guardrails for any welding defects, damaged parts a	and excessive rust or corrosion.					
46	Inspect mast rack(s) for wear as per technical procedure.						
47	7 Inspect mast sections for any welding defects, damaged parts and excessive rust or corrosion. Note serial numbers.						
48	8 Inspect mast tie components for any welding defects, damaged parts and excessive rust or corrosion.						
49	9 Perform all steps included in the daily/weekly inspection checklist.						
50	Perform all steps included in the frequent inspection checklist for each accessory used on the setup.						
51	Perform all steps included in the frequent inspection check	dist for a bridge.					
TES	TS to RUN (as per technical procedure	res)	SERIAL N	NUMBER (if applicable):			
52	Check operation of horn when unit is going down.						
53	Check operation of strobe light.						
54	On a hearing bridge installation, test adjustment of emerge	ency descent feedback cable					

MOTORIZED UNIT MODEL and SERIAL NUMBER:

Page 2 of 3



FREQUENT INSPECTION CHECKLIST



TESTS TO RUN (as per technical procedures) SERIAL NUMBER (if applicable) Perform tavel des with a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test with a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test with a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test with a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test with a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test with a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test with a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test with a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test with a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test with a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test with a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test with a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test within a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test within a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test within a load equivalent to 4000 is [201 kg) per side and validate current draw as per technical procedure. Perform tavel test within a load equivalent to 4000 is [201 kg) per side and	NAME of QUALIFIED TECHNICIAN:		MOTORIZED UNIT MODEL and SERIAL NUMBER:	DATE of INSPECTION:						
Test Inclinanted 1-20 dag, sensor. Test procedure. Figurature of QUALIFIED TECHNICIAN IN South accessories have been properly inspected, in due time, that any discrepancy has been brought to the attention of the other work. Figurature of QUALIFIED TECHNICIAN IN Name of QUALIFIED TECHNICIAN (IN PRINT) Figurature of QUALIFIED TECHNICIAN (IN PRINT) DATE OF INSPECTION DATE OF INSPE										
From the of of emergency descent system as per technical procedure. From the of of emergency descent system as per technical procedure. From the of the system as load equivalent to 4000 bit (1814 kg) per side and validate current draw as per technical procedure. From the office of the system	USE CHECK MARK FOR EACH ENTRY VERIFIED. IF NECESSARY, TAKE CORRECTIVE ACTION BEFORE INSERTING CHECK MARK.						N/A			
Perform travel test with a load equalent to 2000 its IDIT kep per side and validate current draw as per technical procedure. Perform travel test with a load equalent to 4000 its IBIS 4 kg) per side and validate current draw as per technical procedure. Perform travel test with a load equalent to 4000 its IBIS 4 kg) per side and validate current draw as per technical procedure. Perform travel test with a load equalent to 4000 its IBIS 4 kg) per side and validate current draw as per technical procedure. Perform travel test with a load equalent to 4000 its IBIS 4 kg) per side and validate current draw as per technical procedure. Perform travel test with a load equalent to 4000 its IBIS 4 kg) per side and validate current draw as per technical procedure. Perform travel test with a load equalent to 4000 its IBIS 4 kg) per side and validate current draw as per technical procedure. Perform travel test with a load equalent to 4000 its IBIS 4 kg) per side and validate current draw as per technical procedure. Performance to 4000 per sensor 7. Performance 1 - 2.0 deg. sensor. Performance 1 - 2.0 deg. sensor. Performance 2 - 2.0 deg. sensor. Per	TES			IUMBER (if applicable):						
Perform travel text with a load equavalent to 4000 lb (18.14 kg) per side and validate current draw as per technical procedure. Perform travel text without any loads and validate current draw as per technical procedure.	56	Perform test of emergency descent system as per technica	l procedure.							
Perform travel test without any loads and validate current draw as per technical procedure.	57	Perform travel test with a load equivalent to 2000 lb (907 k	g) per side and validate current draw as per technical procedure.							
Test but (1 am) apop sensor (transport platform installations only). 1 Test bottom final limit sensor BEL. 2 Test bottom final limit sensor BEL. 3 Test softom port sensor 2. 4 Test softom port sensor 2. 5 Test sensegency stop button. 5 Test sensegency stop button. 5 Test sensegency stop button. 6 Test inclinometer 1 2-20 deg. sensor. 6 Test inclinometer 2 2-20 deg. sensor. 7 Test place loss detector. 7 Test place limit sensor TL. 8 Test top final limit sensor TL. 8 Test undersigned certifies that this unit and its accessories have been properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/Juser and that all discrepancies have been properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/Juser and that all discrepancies have been properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/Juser and that all discrepancies have been properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/Juser and that all discrepancies have been properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/Juser and that all discrepancies have been properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/Juser and that all discrepancies have been properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/Juser and that all discrepancies have been properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/Juser and that all discrepancies have been properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/Juser and that all discrepancies have been properly inspected.	58	Perform travel test with a load equivalent to 4000 lb (1814 kg) per side and validate current draw as per technical procedure.								
The undersigned certifies that this unit and its accessories have 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 properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/user and that all discrepancies have 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 properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/user and that all discrepancies have 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 unit or its accessories.	59	9 Perform travel test without any loads and validate current draw as per technical procedure.								
The undersigned certifies that this unit and its accessories have 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 unit or its accessories. Test book provisions Passe Passe	60	Test 10' (3 m) stop sensor (transport platform installations	only).							
The undersigned certifies that this unit and its accessories have 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 unit or its accessories. Test indomorphisms of the property inspected, in due time, that any discrepancy has been brought to the attention of the converty user and that all discrepancies have been corrected prior to further use of this unit or its accessories. Test top Insulted Description of the property inspected in due time, that any discrepancy has been brought to the attention of the converty user and that all discrepancies have been corrected prior to further use of this unit or its accessories.	61	Test bottom final limit sensor BFL.								
The undersigned certifies that this unit and its accessories have 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 unit or its accessories. Test top Final Percent and used a seed of the undersigned certifies that this unit and its accessories have been corrected prior to further use of this unit or its accessories. Test top Final Percent and used a seed of the unit or its accessories. Test top Final Percent and used a seed of the unit or its accessories.	62	Test bottom limit sensor BL.								
Figurature of QUALIFIED TECHNICIAN Feet inclinance of 1+2.0 deg. sensor. Feet inclinance of 1+2.0 deg. sensor. Feet inclinance of 1+2.0 deg. sensor. Feet inclinance of 2+2.0 deg. sensor. Feet inclinance of 2+	63	Test door port sensor 1.								
The undersigned certifies that this unit and its accessories have 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 unit or its accessories.	64	Test door port sensor 2.								
The undersigned certifies that this unit and its accessories have 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 unit or its accessories.	65	Test emergency stop button.								
Test inclinometer 2 + 2.0 deg. sensor. Test phase loss detector. Test phase synchronization. Test the control pendant (if present and used) as per technical procedure. Test top final limit sensor TFL. Test top limit sensor TL. The undersigned certifies that this unit and its accessories have 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 unit or its accessories. Signature of QUALIFIED TECHNICIAN Name of QUALIFIED TECHNICIAN (IN PRINT) DATE OF INSPECTION	66	Test inclinometer 1 +2.0 deg. sensor.								
Test the control pendant (if present and used) as per technical procedure. Test top limit sensor TFL. The undersigned certifies that this unit and its accessories have 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 unit or its accessories. Signature of QUALIFIED TECHNICIAN Name of QUALIFIED TECHNICIAN (IN PRINT) DATE OF INSPECTION	67	Test inclinometer 1 -2.0 deg. sensor.								
Test phase loss detector. Test phase synchronization. Test the control pendant (if present and used) as per technical procedure. Test top final limit sensor TL. Test top limit sensor TL. The undersigned certifies that this unit and its accessories have 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 unit or its accessories.	68	Test inclinometer 2 +2.0 deg. sensor.								
Test the control pendant (if present and used) as per technical procedure. 73 Test top final limit sensor TFL. 74 Test top limit sensor TL. The undersigned certifies that this unit and its accessories have 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 unit or its accessories. Signature of QUALIFIED TECHNICIAN Name of QUALIFIED TECHNICIAN (IN PRINT) DATE OF INSPECTION	69	Test inclinometer 2 -2.0 deg. sensor.								
The undersigned certifies that this unit and its accessories have 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 unit or its accessories. Signature of QUALIFIED TECHNICIAN Name of QUALIFIED TECHNICIAN (IN PRINT) DATE OF INSPECTION	70	Test phase loss detector.								
The undersigned certifies that this unit and its accessories have 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 unit or its accessories. Signature of QUALIFIED TECHNICIAN Name of QUALIFIED TECHNICIAN (IN PRINT) DATE OF INSPECTION	71	Test phase synchronization.								
The undersigned certifies that this unit and its accessories have 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 unit or its accessories. Signature of QUALIFIED TECHNICIAN Name of QUALIFIED TECHNICIAN (IN PRINT) DATE OF INSPECTION	72	Test the control pendant (if present and used) as per techn	ical procedure.							
The undersigned certifies that this unit and its accessories have 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 unit or its accessories. Signature of QUALIFIED TECHNICIAN Name of QUALIFIED TECHNICIAN (IN PRINT) DATE OF INSPECTION	73	Test top final limit sensor TFL.								
owner/user and that all discrepancies have been corrected prior to further use of this unit or its accessories. Signature of QUALIFIED TECHNICIAN Name of QUALIFIED TECHNICIAN (IN PRINT) DATE OF INSPECTION	74	Test top limit sensor TL.								
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FREQUENT INSPECTION CHECKLIST NOTES and COMMENTS



NAME of QUALIFIED TECHNICIAN: MOTORIZED		MOTORIZED UN	IT MODEL and SERIAL NUMBER:	DATE of INSPECTION:		
DATE ENTERED	NOTE or COMMENT		CORRECTIVE ACTION REQUIRED		DATE OF REPORT TO OWNER/USER	DATE OF COMPLETION FOR CORRECTIVE ACTION
The undersigned cer owner/user and that	tifies that this unit and its accessor : all discrepancies have been corre	ries have been pro	operly inspected, in due time, that any ner use of this unit or its accessories.	discrepancy	has been brought to t	he attention of the
Signature of QUAL s_MAINTFREQ_1121	IFIED TECHNICIAN	Name of QUAI	LIFIED TECHNICIAN (IN PRINT)	DATE O	FINSPECTION	