## **ANNUAL INSPECTION CHECKLIST**



(Strates)					HYDRO	MOBILE
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 motorized unit and its accessories 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 not 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 manual 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 etchnician (see above).						actions must ad el of the r's manuals
USE CHECK MARK FOR EACH ENTRY VERIFIED. IF NECESSARY, TA	AKE CORRECTIVE ACTION BEFOR	E INSERTING CHECK MARK.		ОК	CORRECTED	N/A
ACCESS and SAFETY		SERIAL N	IUMBER (if applicable):			
A legible copy of the Owner's manual is present in the tool	box.					
BASE		SERIAL N	IUMBER (if applicable):		1	
2 Check condition of base outriggers (4x) and outrigger shim						
Check the geometry of the base as per technical procedure	2.					
4 Inspect base mast connection to make sure hardware is pr	esent, in good condition and secu	ire. Replace mast bolt washers, if	required.			
5 Inspect base outriggers for any welding defects, damaged	parts and excessive rust or corros	ion.				
6 Inspect base structure for any welding defects, damaged p	arts or excessive rust or corrosion	n (LEFT).				
7 Inspect base structure for any welding defects, damaged parts or excessive rust or corrosion (RIGHT).						
8 Inspect center beam for any welding defects, damaged parts or excessive rust or corrosion.						
9 Inspect jack gears and mechanism (4x or 8x, as applicable). Grease jack mechanism, if necessary.						
MOTORIZED UNIT STRUCTURE SERIAL NUMBER (if applicable):						
10 Check integrity of engine/motor access panel.						
11 Check integrity of mast tie door and hinges (LEFT).						
12 Check integrity of mast tie door and hinges (RIGHT).						
13 Check integrity of walkway access door, hinges and locking	13 Check integrity of walkway access door, hinges and locking mechanism.					
14 Check motorized unit structure for any welding defects, damaged parts or excessive rust or corrosion, and any sign of distortion.						
15 If unit is 10 years old or more or if severe corrosion is present or suspected, perform ultrasonic thickness testing as per product-specific inspection						
ACCESS WALKWAY and COMPONENTS		SERIAL N	IUMBER (if applicable):			
16 Check access walkway structure for any welding defects, damaged parts or excessive rust or corrosion.						
17 Check that safety straps are present and in good condition.						
GAS ENGINE / MOTOR SERIAL NUMBER (if applicable):						
18 On an electrical motorized unit, perform all the inspection and maintenance operations on the motor as recommended by the motor manufacturer,						
including greasing of the motor bearings.  19 Perform recommended maintenance on Honda engine as per instructions in Honda owner's manual.						
POWER PACK and HYDRAULIC COMPONENTS SERIAL NUMBER (if applicable):						
20 Adjust engine RPM at full throttle and idle speed as per technical procedure.						
21 Check all hydraulic hoses and fittings for any leaks or signs of wear.						
22 Check choke actuation.						

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## **ANNUAL INSPECTION CHECKLIST**



NAME of QUALIFIED TECHNICIAN: MO		MOTORIZED UNIT MODEL and SERIAL NUMBER:	DATE of INSPECTION:	ECTION:		
USE CHECK MARK FOR EACH ENTRY VERIFIED. IF NECESSARY, TAKE CORRECTIVE ACTION BEFORE INSERTING CHECK MARK.				ОК	CORRECTED	N/A
	WER PACK and HYDRAULIC COMPONIC Check condition and adjustment of hydraulic control lever.		IUMBER (if applicable):			
		Check condition of control level rubber boot.				
24	Check condition hydraulic control cable.					
25	Check electrical connection to the engine starter switch.					
26	Check electrical connections inside the control panel.					
27	Check electrical wiring and connections.					
28	Check engine control rods.					
29	Check gasoline level. Replenish, if necessary.					
30	Check vibration insulator on power pack mounting.					
31	Clean battery connections and perform battery load test as	per technical procedure.				
32	Inspect electrical cord and connection port.					
33	Perform charging system test on Honda engine as per techn	nical procedure.				
34	Replace the hydraulic return filter.					
35		h hydraulic oil recommended by Hydro Mobile. Replenish with rec two years with hydraulic oil recommended by Hydro Mobile.	commended hydraulic oil if			
LIF1	TING MECHANISM - LEFT	SERIAL N	IUMBER (if applicable):			
36	Check all hydraulic hoses and fittings for any leaks or signs	of wear.				
37	Check condition of cylinder guiding bar and springs.					
38	Check condition of each roller, roller pocket and shaft.					
39	39 Check cylinder hook, cam, locking mechanism and hardware. Make sure all is in good condition, functions properly and that hook engages correctly on mast rung.					
40	Check hydraulic cylinder for any leaks or damages.					
41	Check return mechanism of the secondary hook.					
42	42 Check rubber block under the cylinder hook. Replace if the rubber is worn.					
43	43 Check secondary hook, cam, locking mechanism and hardware. Make sure all is in good condition, functions properly and that hook engages correctly on mast rung.					
44	Clean excess grease off each roller.					
45	Grease each roller using Prolab GS1000 only, as recommen	ded by Hydro Mobile.				
46	Inspect each backup safety hook. Clean grease off the safet Hydro Mobile. Replace hook and pivot bolt if any sign of en	ry hook. Grease each backup safety hook using Prolab GS1000 only gagement is detected or suspected.	y, as recommended by			
LIFT	FING MECHANISM - RIGHT		IUMBER (if applicable):			
47	Check all hydraulic hoses and fittings for any leaks or signs	of wear.				
48	Check condition of cylinder guiding bar and springs.					
49	Check condition of each roller, roller pocket and shaft.					
50	Check cylinder hook, cam, locking mechanism and hardwar mast rung.	e. Make sure all is in good condition, functions properly and that h	nook engages correctly on			
51	Check hydraulic cylinder for any leaks or damages.					
52	Check return mechanism of the secondary hook.					
53	Check rubber block under the cylinder hook. Replace if the	rubber is worn.				
54	· · · · · · · · · · · · · · · · · · ·	rare. Make sure all is in good condition, functions properly and tha	t hook engages correctly			
55	on mast rung. Clean excess grease off each roller.					

1	V		M2 SERIES MOTORIZED UNITS and ACCESSORIES
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## 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	ОК	CORRECTED	N/A		
LIFTING MECHANISM - RIGHT SERIAL NUMBER (if applicable):					
56 Grease each roller using Prolab GS1000 only, as recommer	nded by Hydro Mobile.				
57 Inspect each backup safety hook. Clean grease off the safety hook. Grease each backup safety hook using Prolab GS1000 only, as recommended by Hydro Mobile. Replace hook and pivot bolt if any sign of engagement is detected or suspected.					
GENERAL	SERIAL N	NUMBER (if applicable):			
58 Check all stickers and make sure they are in place and legit sticker.	ble. Replace or update stickers as required. Update the appropriat	e inspection validation			
59 Check outriggers, outrigger lock bolts and plank stop pins f	or damages.				
60 Inspect 84" (2,1 m) end guardrails (2x) for any welding defe	ects, damaged parts or excessive rust or corrosion.				
61 Inspect 84" (2,1 m) guardrails (2x) for any welding defects, condition.	damaged parts or excessive rust or corrosion. Make sure gravity le	ock is present and in good			
62 Inspect door guardrails (2x) for any welding defects, damag	ged parts or excessive rust or corrosion.				
63 Inspect movable / adjustable guardrails (2x if equipped) for	r any welding defects, damaged parts or excessive rust or corrosio	n.			
64 Inspect plank-end guardrails for any welding defects, dama	aged parts or excessive rust or corrosion.				
TESTS to RUN (as per technical procedur	res) Serial N	NUMBER (if applicable):			
65 On an electrical motorized unit, test phase loss detector.					
66 On an electrical motorized unit, test phase synchronization	n				
67 Perform travel test and validate operating pressure as per	technical procedure.				
68 Test access walkway for proper operation and deployment	i.				
69 Test cylinder load holding capacity as per technical procedu	ure.				
70 Test maximum admissible hydraulic operating pressure as	per technical procedure.				
The undersigned certifies that this unit and its accesso owner/user and that all discrepancies have been corre	ries have been properly inspected, in due time, that any ected prior to further use of this unit or its accessories.	discrepancy has been b	rought to	the attention	n of the
Signature of QUALIFIED TECHNICIAN	Name of QUALIFIED TECHNICIAN (IN PRINT)	DATE OF INSPECT	ION		

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## ANNUAL INSPECTION CHECKLIST NOTES and COMMENTS



NAME of QUALIFIED TECHNICIAN: MOTORIZE		MOTORIZED UN	UNIT 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	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 QUAL M2_MAINTANNUAL_1121	ignature of QUALIFIED TECHNICIAN Name of QUALIFIED TECHNICIAN (IN PRINT) DATE OF INSPECTION M2_MAINTANNUAL_1121				INSPECTION			