## Form 5: Report of Examination of Hoist or Lift Installed at a Workplace

1. Address:
2. (a)Type of hoist or lift and Identification number or description.

 (b)Date of construction or re-construction (if ascertainable).

1. Design and construction

Are all parts of the hoist or lift of good mechanical construction sound material and adequate strength (so as ascertainable)?

1. Maintenance

Are the following parts of the hoist or lift properly maintained and in good working order, if not, state what defects have been found:

1. Enclosure of hoist way or lift way
2. Landing gates and cage gate(s)
3. Interlocks on the landing gates and cage gate(s)
4. Other gates fastenings
5. Cage and platform and fittings guides, buffers, interior of the hoist way or lift way
6. Over-running devices
7. Suspension ropes or chain and their attachments
8. Safety gear, i.e. arrangements for preventing fall of platform or cage brakes
9. Brakes
10. Worm or super gearing
11. Other electrical equipment
12. Other parts
13. What parts (if any were) inaccessible?
14. Repairs, renewals or alternations (if any) required and the period with which they should be executed.
15. Maximum safe working load subject to repairs, renewals or alterations (if any) specified in (5).
16. Others

**I/we verify that on ....................................... I/We thoroughly examined this hoist of life and that above is correct report of the result.**

Signature.............................................

Counter signature..................................

If employed by a company or

association give names and address

Qualification ............................................................

Address .....................................................................

Date ..........................................................................

Date.........................

*Note : Details of any repairs, renewal or alterations required should be given in 5 above.*