

Self-check when installing the Tech Lift 500

The undersigned fitter has carried out a self-inspection of the product after completion of assembly.

Date _____

Address _____

Lift number _____

Installer/Company _____

		OK
1:1	Destination buttons work	<input type="checkbox"/>
1:2	Emergency stop works	<input type="checkbox"/>
1:3	Permanent electricity connected	<input type="checkbox"/>
1:4	Elimination of protruding details, e.g. window	<input type="checkbox"/>
1:5	Distance platform arch edge, 5-20 mm.	<input type="checkbox"/>
1:6	Control of overload	<input type="checkbox"/>
1:7	Hairpin sprint mounted lower motor mount	<input type="checkbox"/>
1:8	Surfaces, platform etc. flawless	<input type="checkbox"/>
1:9	Lift works flawlessly	<input type="checkbox"/>
1:10	Machine plate with CE marking	<input type="checkbox"/>
1:11	Verbal instruction to users completed	<input type="checkbox"/>

Signature _____

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