

Lift Maintenance			Year: _____	Location: _____
Passenger Lift			Lift Number/ID	
Monthly Maintenance	Date	Name	Signature	Comments
1st Visit				
2nd Visit				
3rd Visit				
4th Visit				
5th Visit				
6th Visit				
Passenger Lift				
Thorough Examination	Date	Name	Signature	Comments
Annual Visit				
Goods Lift			Lift Number/ID	
Monthly Maintenance	Date	Name	Signature	Comments
1st Visit				
2nd Visit				
Goods Lift				
Thorough examination	Date	Name	Signature	Comments
Annual Visit				
Unscheduled Visits				
Lift Number/ID	Date	Name	Signature	Comments