



In ground truck lift Duplex Appendix

Record of installation

The lift type

Duplex T 2-15-1900

Duplex L 2-15-1900

Duplex T 3-15-1900

Duplex L 3-15-1900

Duplex T 4-15-1900

Duplex L 4-15-1900

with the

serial No.

was installed on

at the company

in

Safety has been checked and the lift put into operation.

The installation was carried out by

an operating authority

a competent person

The safety of the lift has been checked by a competent person before initial operation.

The operating authority certifies the installation of the lift. The competent person certifies correct initial operation..

Date

Name of operating authority

Signature of operating authority

Date

Name of competent

Signature of competent



After completion of this record, sign and send back to the manufacturer:

BLITZ M. Schneider
Werkzeug- u. Maschinenfabrik GmbH
Hüfinger Straße 55
D-78199 Bräunlingen
Telefon + (49)0771-9233-0
Telefax + (49)0771-9233-99
eMail info@blitz-schneider.de



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Record of handing over

The lift type

Duplex T 2-15-1900

Duplex L 2-15-1900

Duplex T 3-15-1900

Duplex L 3-15-1900

Duplex T 4-15-1900

Duplex L 4-15-1900

with the

serial No.

was installed on

at the company

in

Safety has been checked and the lift put into operation.

Following the installation of the lift the following persons were assigned. This was carried out by the manufacturer or by an authorised dealer (competent).

Date	Name	Signature
Date	Name of competent	Signature of competent



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First safety check before installation



Please complete and leave in document.

Design and manufacturing checks

The checks were carried out correctly

Name, Address, Profession of Expert

Place, date

Signature of Expert

Taking-over tests

The taking-over tests of the lift were carried out on (date)

The lift has

no defects

following defects

Description

Remaining partial checks:

Description

There are

objections

no objections

A further check is

necessary

not necessary

Name, address, profession of expert

Place, date

Signature of expert



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Dynamic proof test (115 % x rated load)
Static proof test (150 % x rated load)

The tests were carried out according to regulations. There are no objections against putting the lift in operation.

Name, address, profession of expert
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Place, date

Signature of expert



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First safety check before operation



Please complete and leave in document.

The lift was checked on, date

The lift has

no defects

following defects

Description

Remaining partial checks:

Description

There are

objections

no objections

against putting the lift in operation.

A further check is

necessary

not necessary

Name, address, profession of expert

Place, date

Signature of expert

Further checks

Further checks on the lift were carried out on, date

The faults which were found in the first checks have been

rectified

not rectified

There are against putting the lift in operation.

objections

no objections

A further check is

necessary

not necessary

Name, address, profession of expert

Place, date

Signature of expert



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Regular safety checks



Please complete and leave in document.

The lift was checked on, date

The lift has

no defects

following defects

Description

Remaining partial checks:

Description

There are

objections

no objections

against putting the lift in operation.

A further check is

necessary

not necessary

Name, address, profession of expert

Place, date

Signature of expert

Further checks

Further checks on the lift were carried out on, date

The faults which were found in the first checks have been

rectified

not rectified

There are against putting the lift in operation.

objections

no objections

A further check is

necessary

not necessary

Name, address, profession of expert

Place, date

Signature of expert

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Special safety checks



Please complete and leave in document.

The lift was checked on, date

The lift has

no defects

following defects

Description

Remaining partial checks:

Description

There are

objections

no objections

against putting the lift in operation.

A further check is

necessary

not necessary

Name, address, profession of expert

Place, date

Signature of expert

Further checks

Further checks on the lift were carried out on, date

The faults which were found in the first checks have been

rectified

not rectified

There are against putting the lift in operation.

objections

no objections

A further check is

necessary

not necessary

Name, address, profession of expert

Place, date

Signature of expert

