

Cert No: _____

FORM 11

(See Rule 62 and 64)

Report of Examination of Hoist, Lift, Lifting Machine, Chains, Ropes and Lifting Tackles

1	Name of the Occupier	
2	Name and Address of the Factory	
3. (a)	Type identification number and description of hoist, lift, lifting machine, chains, ropes and lifting tackles	
(b)	Date of construction or re-construction and the date when the hoist, lift, lifting machine, chains, ropes and Lifting tackles were first taken into use in the factory	
4	Date of last examinations made under section 28(1)(a)(ii) and 29(1)(a)(ii) and by whom it was carried out	
5	(A) Maintenance (List of parts, if any, which were inaccessible). Are the following parts of the hoist or lift properly maintained and in good working order? If not, stated which defects have been found:	
	(a) Enclosure of hoistway or liftway	
	(b) Landing gates and cage gate(s)	
	(c) Interlocks on the landing gates and cage gate(s).	
	(d) Other gates fastenings	
	(e) Cage and platform and fittings, cage guides, buffers, interior of the hoistway or liftway.	
	(f) Overrunning devices.	
	(g) Suspension ropes or chains and their attachments.	
	(h) Safety gear, i.e. arrangements for preventing fall of platform or cage brakes.	
	(i) Brakes	
	(j) Worm or spur gearing	
	(k) Other electric equipment.	
	(l) Other parts	
(B)	Date and number of the certificate relating to any test and examination made under sub-rule(1) of rule 64 together with the name of the person who issued the certificate.	
(C)	(i) Date of annealing or the heat treatment of the Chain and lifting tackle carried out under sub-rule (5) of Rule 64 and by whom it was carried out	
	(ii) Particulars of any defect found at any such examination or after annealing and affecting the safe working load and of the steps taken to remedy such defect.	
6	Repairs, renewals or alterations(if any) required and the period within which they should be executed and maximum safe working load subject to repairs, renewals and alterations(if any)	

I/We certify that on _____, I/We thoroughly examined this hoist, lift, lifting machine, ropes and lifting tackles, and details of examinations/test carried out herewith that the above is a correct report or the result.

Next Testing Due On: _____

Signature:

Coutersignature

If employed by a company or association, give name and address