

**FORM NO.38**

**[Prescribed under Rule 551]**

**Report of examination of Hoist of Lift**

Address:

<p>(1)(a) Type of hoist or lift and identification number or description.</p> <p>(b) Date of construction or reconstruction (if ascertainable).</p> <p>(2) Design and construction (Are all Parts of the hoist or lift of good mechanical construction, sound material and adequate strength as far as ascertainable.)</p> <p>(3) Maintenance</p> <p>Are the following parts of the hoist or lift properly maintained and in good working order ? if not, state what defects have been found.</p> <p>(a) Enclosure of hoist way or liftway</p> <p>(b) Landing gates and cage gate(s)</p> <p>(c) Interlocks on the landing Gate(s) and cage gate(s).</p>	
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<ul style="list-style-type: none"><li>(d) Other gages, fastenings.</li><li>(e) Cage and platform and fittings, guiders, buffers, interior of the hoistway or liftway.</li><li>(f) Over running devices.</li><li>(g) Suspension ropes or chain and their attachments.</li><li>(h) Safety gear i.e., arrangements for prevention fall of platform or cage brakes.</li><li>(i) Brakes</li><li>(j) Worm or spur gearing</li><li>(k) Other electrical equipment</li><li>(l) Other parts</li></ul> <p>(4) What parts (if any) were inaccessible.</p> <p>(5) Repairs renewals or alternations (if any) required and the period within which they should be executed</p> <p>(6) Maximum safe working load subject to repairs, renewals or alterations (if any) specified on (5)</p>	
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(7) others	
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I/We certify that on ..... I/We thoroughly examined this hoist/lift and the above is a correct report of the result.

Signature:

Counter Signature.....

If employed by a company

or association give name and address

Qualification.....

Address.....

Date.....

Date.....

Note :- Details of any repairs, renewals or alterations required should be given in column 5 above.