

LOCATION / PRODUCT

Facility: _____ Address: _____ Bus. Phone: _____ Email: _____	Installer's Name: _____ Company Name: _____ Bus. Phone: _____ Email: _____
Installation site: <input type="checkbox"/> Residential <input type="checkbox"/> Long-term care <input type="checkbox"/> Hospital <input type="checkbox"/> Rehab area <input type="checkbox"/> ICU <input type="checkbox"/> Other: _____ Project reference No: _____ Room No: _____ Structure: _____ Type of track: <input type="checkbox"/> KWIKtrak _____ mm Ceiling lift model: _____ Ceiling lift SWL: _____ Ceiling lift serial no: _____ <input type="checkbox"/> Other: _____ Other serial numbers: <input type="checkbox"/> Turntable <input type="checkbox"/> Exchanger <input type="checkbox"/> Gate _____	
Track design: <input type="checkbox"/> Linear <input type="checkbox"/> X-Y track <input type="checkbox"/> Wall-Mount <input type="checkbox"/> Wall Bracket	

INSTALLATION INSPECTION

INSPECTION ITEMS	RESULTS		
	YES	NO	N/A
1. Track respects predetermined transfer zones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Installation respects minimum sprinkler distances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Installation avoids obstructions (lights, vents, curtains, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Installation respects minimum distances needed for lift insertion: 30 cm (11 in) for 272 kg (600 lb) ceiling lifts or 45 cm (18 in) for 454 kg (1000 lb) ceiling lifts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Brackets are in locked position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. All tracks are aligned with respects to the main straight track, producing clean, smooth lines throughout the installation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gaps at track junctions are smaller than 1 mm (1/16 in).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Absence of excessive accumulation of shims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. End stoppers are all in place, attached, with set screws adjusted and tightened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Maximum track overhangs are of 30 cm (12 in) in length.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Weight Load Test (WLT) certification sticker properly applied and signed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The installation produced minimal damage to the ceiling, walls and tracks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Transformer box properly installed and charging correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Excess charger wires hidden in plastic conduit, resulting in a clean installation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Access doors properly installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Anchors/hardware were attached according to designated methods and specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The installation respects the technical shop drawings for this particular structure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Sandwich effect applied correctly, tracks manifest proper stiffness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Lateral reinforcements installed properly where required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. All parts of the installation are locked, tightened and solidly attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Tracks are clean (inside and outside).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESULTS

If any of the above items fails inspection, please list the items and provide comments: _____

INSPECTION PASSED: YES NO

PLEASE _____

Name (Block letters)
Date
Signature