



Lift and Escalator Inspection Form



Report Of Examination of Escalator / Conveyor - PM45

Work Order Number:	64414598	Date Inspected:	18/07/2018	Issue - 00:	LE-FM-0113
--------------------	----------	-----------------	------------	-------------	------------

1. Machine Details

Station:	Escalator 13 - London Bridge Stn	Manufacturer:	O&K	Line:	Jubilee
Date Of Construction:	29/07/1999	Maintainer:	LE-KONE		

2.1. DESIGN AND CONSTRUCTION, ARE ALL PARTS OF THE ESCALATOR OF GOOD MECHANICAL CONSTRUCTION SOUND MATERIAL & ADEQUATE STRENGTH (SO FAR ASCERTAINABLE)

NOTE: GIVE DETAILS OF RENEWALS OR ALTERATION IN (5) AND (6) BELOW

2.2. MAINTENANCE: ARE THE FOLLOWING PARTS OF THE ESCALATOR PROPERLY MAINTAINED AND IN GOOD WORKING ORDER? IF NOT, STATE WHAT DEFECTS HAVE BEEN FOUND.

NOTE: GIVE DETAILS OF RENEWALS OR ALTERATION IN (5) AND (6) BELOW

3. INSPECTION CHECKLIST: INDICATE IN COLUMN PROVIDED YES, NO OR N/A (NOT APPLICABLE). WHERE "NO" IS INDICATED, RECORD OVERLEAF THE NECESSARY INFORMATION USING THE ITEM REFERENCE LETTER

a) Engineering Drawings	YES	l) Engineers Barriers	YES
b) Combs Combplates & Switches	YES	m) Machine Room Security	YES
c) Keyswitches	YES	n) Access/egress	YES
d) Handrail System & Entry Guard Switches	YES	o) Cleanliness/tidiness Of Machine Rooms	YES
e) Safety Devices		p) Lighting	YES
e.1.1) Safety Devices: No Volt-circuit	N/A	q) Controller/annunciator/plc	YES
e.1.2) Safety Devices: Earth Detection Or Residual Current Device	YES	r) Motor	YES
e.2.1) Safety Devices: Underspeed Governor	YES	s) Gear	YES
e.2.2) Safety Devices: Overspeed Governors/ Encoder	YES	t) Brakes	YES
e.3.1) Safety Devices: Stop Diamond	YES	u) Drive Chains	YES
e.3.2) Safety Devices: Stop Buttons/isolators	YES	v) Newel Wheels & Bearings	YES
e.4.1) Safety Devices: Broken Handrail Detection Switch	YES	w) Inching Stations/buttons	YES
e.4.2) Safety Devices: Handrail Switches/sensors	YES	x) Lubricator	YES
e.5.1) Safety Devices: Missing Step/low Step Detectors	YES	y) Load Relieving Ramps	N/A
e.6.1) Safety Devices: Carriage Switches	YES	z) Tracks	YES
e.7.1) Safety Devices: Kinked Link Detector	YES	aa) Chain & Trailer Wheels	YES
f) Passenger Barriers	YES	bb) Steps/pallets	YES
g) Step Side Clearances	YES	cc) Tension Carriage	YES
h) Brush Guard	YES	dd) Guarding	YES
i) Balustrade & Decking Panels	YES	ee) Circuit Breaker/main Isolator	YES
j) Step Chain Condition \ Chain Wear	YES	ff) Other Parts	YES
k) Step Treads	YES	gg) Cleanliness of Escalator	YES

4. WHAT PARTS (IF ANY) WERE INACCESSIBLE? **All enclosed parts**

5. REPAIRS, RENEWALS OR ALTERATIONS REQUIRED TO ENABLE THIS LIFT TO CONTINUE TO BE USED WITH SAFETY.

IF NO SUCH REPAIRS, RENEWALS OR ALTERATIONS ARE REQUIRED, ENTER "NONE" [PLEASE REFER TO PAGES 2 AND 3 FOR INSPECTION DETAILS]

a) IMMEDIATELY

NO

b) WITHIN A SPECIFIED TIME, THE SAID TIME TO BE STATED

NO



Lift and Escalator Inspection Form



Report Of Examination of Escalator / Conveyor - PM45

Work Order Number:	64414598	Date Inspected:	18/07/2018	Issue - 00:	LE-FM-0113
---------------------------	----------	------------------------	------------	--------------------	------------

6. DEFECTS (OTHER THAN THOSE SPECIFIED AT 5 ABOVE) WHICH REQUIRE ATTENTION. LIST URGENT AND OTHER

b) Combs Complates & Switches	Top Comb:- 4 4 5 Bottom Comb:- 5 5 5.(OBS) One individual tooth missing on both top & bottom comb plates.(obs)
g) Step Side Clearances	LH 4 3 3 1 2 3 3 2 2 2 2 3 1 2 2 BOTTOM RH 3 4 4 4 4 4 4 3 3 4 4 3 4 4 4.(OBS)
j) Step Chain Condition \ Chain Wear	Step To Step Gap 2-3mm (OBS).
k) Step Treads	Numerous planed cleats throughout complete step band.(obs)
aa) Chain & Trailer Wheels	Numerous chain & trailer wheels have noisy bearings.(obs)
bb) Steps/pallets	Wear to R/H side step tread noses.(obs)
ee) Circuit Breaker/main Isolator	Castell Key No JD3.

7. OTHER OBSERVATIONS

Step Band Speed	0.75	M/SEC
Lh Handrail Speed	0.75	M/SEC
Rh Handrail Speed	0.75	M/SEC

8. DATE OF INSPECTION LAST DUE

- a. WORM GEARS TO BE EXPOSED AT 10 YEARLY INTERVALS
- b. THE OVERSPEED GOVERNOR TO BE TESTED EVERY 5 YEARS
(IN ACCORDANCE WITH HEALTH AND SAFETY EXECUTIVE)

IN THE EVENT OF A SERIOUS DEFECT BEING DISCOVERED THE JNP FAULT REPORTING CENTRE MUST BE NOTIFIED IMMEDIATELY

I CERTIFY THAT ON	18 Jul 2018 22:30	I THOROUGHLY EXAMINED THIS ESCALATOR AND THAT THE FOREGOING IS A CORRECT REPORT OF THE RESULT	
NAME OF THE INSPECTOR:	Goodwill, Mr. Neil	Number:	SIGNATURE:
QUALIFICATION:			
ADDRESS:	Asset Performance JNP LIFT & ESCALATOR PERFORMANCE SECTION OPERATIONS 15 WEST FERRY CIRCUS, CANARY WHARF LONDON, E14 4HD		

Number of Records: