

# Hotel Elevator and Lift Safety Inspection Record

Hotel Name

Location

Inspection Date

Inspector Name

## Lift / Elevator Details

Lift/Elevator Number

Make/Model

Capacity (persons/kg)

Service Provider

## Inspection Checklist

Item	OK	Not OK	Remarks
Emergency alarm and communication system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Door operation & interlock safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Stop switch & emergency stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Overload detection & signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Inspection certificate displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cleanliness & condition of lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Safety gears, brakes & buffers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Auto rescue device (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Comments

Add any additional notes

Inspector Signature

Date