Form A1

Quality Lift Service Recognition Scheme Checklist for Lift Modernisation

Points to note:

document.

- 1. The applicant must appoint a lift maintenance contractor / an independent professional assessor to complete this form to certify the level of lift modernisation. The form must be submitted together with the participation form (Form AF), otherwise the Electrical and Mechanical Services Department will not process the application.
- 2. If the application involves more than one registered lift contractor, all contractors are required to complete this form individually.

Name of building:								
Address:								
Name of maintenance	contractor a	and contrac	t expiry date	e:				
Extent of	implemen	tation of th	ie seven saf	fety enhanc	ement solu	itions for a	ged lifts	
Please tick as appropriate to indicate if the lift has been equipped with the corresponding safety devices.								
	Safety devices installed							
Lift Location ID	Double brake system	Unintended car movement protection device	Ascending car overspeed protection device	Car door mechanical lock and safety edge	Intercom and CCTV system	Obstruction switch to protect suspension ropes	Automatic rescue device or post-voltage-dip-operation means or backup power supply device with equivalent functions	Remote monitoring device
Remarks: In Part 1, earner one of the lifts is below								

LE11 - "Application for a Use Permit Permitting a Lift to Continue to be Used and Operated" as a supporting

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Extent of implementation of the seven safety enhancement solutions for aged lifts								
Please tick as appropriate to indicate if the lift has been equipped with the corresponding safety devices.								
	Safety devices installed							
Lift Location ID	Double brake system	Unintended car movement protection device	Ascending car overspeed protection device	Car door mechanical lock and safety edge	Intercom and CCTV system	Obstruction switch to protect suspension ropes	Automatic rescue device or post-voltage-dip-operation means or backup power supply device with equivalent functions	Remote monitoring device
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Remarks: In Part 1, each participating lift <u>must obtain a score of no less than 25 points</u>. If the score of any one of the lifts is below 25 points, no rating will be given. Please provide Annex 1 - Safety Certificate of Form LE11 - "Application for a Use Permit Permitting a Lift to Continue to be Used and Operated" as a supporting document.

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Extent of implementation of the seven safety enhancement solutions for aged lifts								
Please tick as appropriate to indicate if the lift has been equipped with the corresponding safety devices.								
	Safety devices installed							
Lift Location ID	Double brake system	Unintended car movement protection device	Ascending car overspeed protection device	Car door mechanical lock and safety edge	Intercom and CCTV system	Obstruction switch to protect suspension ropes	Automatic rescue device or post-voltage-dip-operation means or backup power supply device with equivalent functions	Remote monitoring device
Remarks: In Part 1, ea one of the lifts is below LE11 - "Application f document.	w 25 points	, no rating v	will be give	n. Please pr	rovide Ann	ex 1 - Safet	y Certificate o	f Form
Total Score:								
Name of Registered Lift Contractor / Independent Professional Assessor Contact Tel. No.:				Chop of Registered Lift Contractor and Signature of Its Authorised Person / Signature of Independent Professional Assessor				
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