

**Lift or Escalator Unsatisfactory/ Uncompleted Maintenance Works Report**

Location ID : \_\_\_\_\_ Unit No. : \_\_\_\_\_ Incoming RC : \_\_\_\_\_ Handover Date : \_\_\_\_\_

Address : \_\_\_\_\_ Inspection Date : \_\_\_\_\_

Please list out the lift's/ escalator's unsatisfactory/ uncompleted maintenance works :

Item	Descriptions of unsatisfactory/ uncompleted maintenance works	Responsible RC		Rectification Completion Date
		Departing RC	Incoming RC	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Remarks:

1. Please repeat to use this form if the space above is not enough.
2. In the first submission, please indicate the responsible RC. Please provide photo(s) for each item.
3. In the second submission, please indicate the outstanding items rectification completion date. Please provide photo(s) for each item.
4. If the outstanding items cannot be rectified at the time of second submission, please provide reason(s) and anticipated completion date.

**Lift Common Anomalies(1/2)**

Location ID : \_\_\_\_\_ Unit No. : \_\_\_\_\_ Incoming RC : \_\_\_\_\_ Handover Date : \_\_\_\_\_

Address : \_\_\_\_\_ Inspection Date : \_\_\_\_\_

Lift Common Anomalies:

Item	Descriptions of Anomalies	This anomaly not identified/ Not Applicable	If anomaly is found, please indicate the responsible RC.		Anomaly Rectification Completion Date
			Departing RC	Incoming RC	
1	Metal gates or the like installed in front of the landing doors of a firemen’s lift blocking the entrances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Metal gates that are installed in front of lift entrances other than firemen’s lift entrances not provided with the interlock in compliance with the Design Code <sup>5</sup> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Landing doors that were provided at the time of installation of the lift been disabled (i.e. such landings are not served by the lift).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	The landing door locking device not properly adjusted (i.e. the landing door could be opened manually from the landing side when the lift car was not at the unlocking zone of that landing).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	The safety switch for proving the effective locking of the landing door in the closed position not properly adjusted or not of the positively operated type.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	The safety switch for proving the closed position of the landing door not properly adjusted or not of the positively operated type.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Excessive clearance between the landing and car door panels (when closed) or between the landing and car door panel and the upright.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Excessive closing force or kinetic energy of the landing doors or car doors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Lubricant leaked from the gearbox of the driving machine affecting the safe operation of the lift.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	The suspension wire ropes not in safe working order (such as serious rusting or corrosion, excessive breakage of wires or other serious abnormalities).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Lift Common Anomalies(2/2)**

Location ID : \_\_\_\_\_ Unit No. : \_\_\_\_\_ Incoming RC : \_\_\_\_\_ Handover Date : \_\_\_\_\_

Address : \_\_\_\_\_ Inspection Date : \_\_\_\_\_

Lift Common Anomalies :

Item	Descriptions of Anomalies	This anomaly not identified/ Not Applicable	If anomaly is found, please indicate the responsible RC.		Anomaly Rectification Completion Date
			Departing RC	Incoming RC	
11	The brake of the driving machine not properly adjusted or the brake lining excessively worn out affecting its safe operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	The phase failure or phase reversal protective device not effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	The accessible moving part of the lift machinery inside the machine room not protected against injury to persons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	The lift car body or the car sling seriously corroded or rusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	The fireman's lift operating mode ineffective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	The guard rail on lift car top not properly installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	The overload sensing device not of a fail-safe type.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Others :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Others :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Remarks :

1. In the first submission, please indicate "This anomaly not identified/ Not Applicable" or "the responsible RC". Please provide photo(s) for each item.
2. In the second submission, please indicate the anomaly rectification completion date. Please provide photo(s) for each item.
3. If the anomaly cannot be rectified at the time of second submission, please provide reason(s) and anticipated completion date.
4. RC should check that the lift complies with the relevant standards or requirements taking into account their implementation dates.
5. Design Code refers to Code of Practice on the Design and Construction of Lifts and Escalators issued by EMSD in accordance with Lifts and Escalator Ordinance.

## Escalator Common Anomalies

Location ID : \_\_\_\_\_ Unit No. : \_\_\_\_\_ Incoming RC : \_\_\_\_\_ Handover Date : \_\_\_\_\_

Address : \_\_\_\_\_ Inspection Date : \_\_\_\_\_

Escalator Common Anomalies :

Item	Descriptions of Anomalies	This anomaly not identified/ Not Applicable	If anomaly is found, please indicate the responsible RC.		Anomaly Rectification Completion Date
			Departing RC	Incoming RC	
1	The main drive chains of the escalator excessively worn out or unevenly elongated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	The comb plates at the upper or lower landing excessively worn out or two or more consecutive comb plate teeth broken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Deflector devices not provided to prevent nipping of passenger's foot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Excessive gap between two consecutive escalator steps or between the side of the escalator step and the skirting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	The handrail of the escalator seriously worn out or cracked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	The roller shutter adjacent to the upper or lower landing of the escalator not provided with an interlocking device to automatically stop the operation of the escalator whenever the roller shutter is closed or started to close.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Obstruction guards not of correct size or provided at floor intersection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Others :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Remarks :

1. In the first submission, please indicate "This anomaly not identified/ Not Applicable" or "the responsible RC". Please provide photo(s) for each item.
2. In the second submission, please indicate the anomaly rectification completion date. Please provide photo(s) for each item.
3. If the anomaly cannot be rectified at the time of second submission, please provide reason(s) and anticipated completion date.
4. RC should check that the escalator complies with the relevant standards or requirements taking into account their implementation dates.