

| Corrective and Preventive Maintenance Checklist for Ceiling Mounted and Portable Patient Lifts | | | | | |
|---|---|------------------------------|--|----------|------|
| The commissioning for a patient ceiling and portable lift system(s) shall include, but not be limited to, the following points as components of the commissioning procedures. | | | | | |
| Verify that ceiling mounted and portable patient lifts are not installed in treatment units with actively suicidal patients. | | | | | |
| Facility: | | Manufacturer: | | | |
| Lift Location: | | Model: | | | |
| VAMC Contact: | | Serial Number: | | | |
| VAMC Contact's Phone Number: | | Mfgr Contact: | | | |
| Inspector: | | Mfgr Contact's Phone Number: | | | |
| Inspector's Phone Number: | | Date: | | | |
| Structure | | | | Complete | |
| 1 | Verify proper connections of the lift's structural system to the building's structure (including seismic bracing if applicable). | | | | |
| 2 | Verify proper interface at the ceiling (hard deck or soft tile) and proper installation of all protective features around the support rods and rails/tracks. | | | | |
| 3 | Verify proper structural component sizing and physical installation to make sure that proper structural system is in place and properly installed to support the lift. | | | | |
| NOTES: | | | | | |
| Rails/Tracks and End Stops | | | | PASS | FAIL |
| 1 | Verification that all fasteners and set screws are properly tightened on the trollies and rails/tracks. | | | | |
| 2 | Ensure that the rail/track is free of gaps (unless required by design). If included in installation, verify rail turntable function, exchanger function, gate alignment, and safety block installation. | | | | |
| 3 | Confirm track is clean and clear of all debris. (Use manufacturer's recommended cleaning materials to avoid damage to the motor case and other components.) | | | | |
| 4 | Verification that all manufacturer specified end stops or docking gates are properly installed. | | | | |
| NOTES: | | | | | |
| Lift Unit and Straps | | | | PASS | FAIL |
| 1 | Inspection of lift unit casing for cracks and alignment. | | | | |
| 2 | Verification that the lift unit charges properly. | | | | |
| 3 | Inspection and activation of hand control for full operation (e.g., up, down, left, right) and "return to charge" function if applicable. | | | | |
| 4 | Confirm any and all lift unit indicator lights are functioning. (e.g., red service warning light, charging state light) | | | | |
| 5 | Inspection and activation of emergency up/down lift unit control buttons if applicable. | | | | |
| 6 | Full extension and inspection of lift strap for loose threads or frays. | | | | |
| 7 | Inspection of spreader bar and clips for cracks and for loose or missing rings or cotter pins. | | | | |

| NOTES: | | | | |
|---------------|---|--|------|------|
| Load Testing | | | PASS | FAIL |
| 1 | Verification of any “soft start” or “soft stop” features and that lifting speed does not exceed 2.5 inches per second with “zero” load. | | | |
| 2 | Verification of load testing and deflection testing at lift listed maximum for each lift unit at its maximum rated lift capacity. Conduct this test in three progressive stages starting with a 100 lbs. load, then 50% of maximum rated lift capacity, then 100% of maximum rated lift capacity. | | | |
| 3 | Verification of any “soft start” and “soft stop” features and that lifting speed does not exceed 1.5 inches per second under maximum rated lift capacity. | | | |
| 4 | Verification of function of emergency stop at maximum rated lift capacity. | | | |
| 5 | Verification of emergency lowering feature at maximum rated lift capacity. | | | |
| NOTES: | | | | |

| Inspector | | COMPLETE |
|---|--------------|----------|
| After the activities listed in the above checklist and in the manufacturers installation/operations/owner’s manual(s) have been completed, the inspector shall release the ceiling mounted and portable lift installation to VA representative. | | |
| SIGNATURE: | DATE: | |
| TITLE: | | |

| VA Representative | | COMPLETE |
|---|--------------|----------|
| After the activities listed in the above checklist and in the manufacturers installation/operations/owner’s manual(s) have been completed, the VA representative shall release the ceiling mounted and portable lift installation to the Manager of the Service using the ceiling mounted and portable lifts. | | |
| SIGNATURE: | DATE: | |
| TITLE: | | |

| Manager of the Service Using the Ceiling Mounted Lifts | | COMPLETE |
|---|--------------|----------|
| Verify and confirm that VA clinical staff have been trained to operate the ceiling mounted and portable patient lift prior to releasing the ceiling mounted lift for use. | | |
| SIGNATURE: | DATE: | |
| TITLE: | | |