**Agency Name**

**Transit Policies and Procedures**

|  |  |
| --- | --- |
| **Subject** | Lift Maintenance |
| **Section** | Maintenance |
| **Effective Date** |  |
| **Approved By** |  |
| **Approval Date** |  |

**Purpose**

Establish procedures for preventive and corrective lift maintenance.

**Definitions**

*Lift:* A fully powered device designed to raise and lower a wheelchair and its occupant to assist them in and out of a transit vehicle.

*Preventive Maintenance:* Scheduled servicing, inspections, and repairs to prevent potential problems and maximize lift availability.

*Corrective Maintenance:* Tasks performed to identify, isolate, and rectify a fault to restore a broken lift to perform its intended function either by repairing or replacing it.

**Procedure**

Prepare a written process to ensure that all lifts undergo regular inspections and maintenance. A lift inspection shall be completed once a month for each lift. A maintenance technician shall inspect the lifts, complete a separate Lift Preventative Maintenance Checklist for each lift, and document any parts used or ordered. The checklists shall be signed and dated by the technician and submitted to the Transit Director for inclusion in the vehicle’s maintenance folder.

If a lift malfunctions between inspections, the Driver shall notify the Dispatcher and the Transit Director. The Dispatcher shall assign a replacement vehicle to the Driver until the repairs are complete. The Transit Director shall arrange for corrective maintenance to repair the lift.

**Responsibilities**

The Transit Director is responsible for assigning a maintenance technician to perform a monthly inspection of each vehicle’s lift. The technician is responsible for performing thorough inspections, completing the lift checklist forms, and submitting the forms to the Transit Director. The Transit Director is responsible for filing the forms in each vehicle’s maintenance folder. The Dispatcher is responsible for assigning replacement vehicles if needed.

**Example**

See attached template.

**Lift Preventative Maintenance Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency:** | | **Vehicle Make:** | |
| **Address:** | | **Vehicle Model:** | |
|  | | **VIN:** | |
| **Lift Make:** | **Lift Model:** | | **Serial #** |

\_\_\_ CHECK CONTROL PENDANT, CABLE, AND CONNECTORS FOR DAMAGE

\_\_\_ CHECK ALL WIRING FOR FRAYED, CHAFFED, AND LOOSE CONNECTORS

\_\_\_ CHECK MOUNTING FOR LOOSE OR MISSING BOLTS

\_\_\_ CHECK LIFT PIVOTS FOR WEAR, DAMAGE, AND LOCKED IN POSITION

\_\_\_ CHECK HANDRAIL FASTENERS

\_\_\_ CHECK ROLLSTOPS FOR PROPER OPERATION

\_\_\_ CHECK HYDRAULIC CYLINDERS AND POWER UNITS FOR FLUID LEAKAGE

\_\_\_ CHECK HYDRAULIC FLUID LEVEL

\_\_\_ CHECK MANUAL BACKUP PUMP FOR PROPER OPERATION

\_\_\_ CHECK FOR MISSING OR BROKEN PARTS SUCH AS RUBBER BUMPERS, PLASTIC CAPS,

AND SPRINGS

\_\_\_ COMPLETE LIFT CLEANING

\_\_\_ LUBRICATE ALL PIVOT POINTS AND SPRINGS

\_\_\_ ADJUST ALL SWITCHES AND STOPS FOR PROPER OPERATION

RESTRAINT SYSTEM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ CHECK TO ENSURE ALL BELTS ARE AVAILABLE

\_\_\_ CHECK FOR FRAYED AND WORN BELTS

\_\_\_ CHECK ALL BUCKLES AND LOCKS FOR PROPER OPERATION

PARTS USED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTS ORDERED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER RECOMMENDATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TECHNICIAN’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_