



Sliding Gate Maintenance Record Sheet

Customer Name: Date:

Customer Address:

Suburb: Telephone:

Customer report (If any):

Technician visual observations :

Main input voltage: Secondary input voltage:

Battery standing voltage: Battery load voltage:

Opening time: Closing time:

TEST DESCRIPTION	PASS	FAIL	REMEDY
Gate frame structural integrity and wear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Gate internal structural and integrity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Main rollers and wheels condition and free movement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Guide roller condition and free movement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Track condition and security.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Opening stop security and condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Closing stop security and condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Rack condition and correct alignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Gate opens and closes in manual without restriction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Gate automation attachments solid and good condtion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Safety input functioning and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Limits adjusted correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
All access control operational and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
All locking devices operational and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Further action required:

TECHNICIAN:

HAVE YOU TAKEN PHOTOS AND/OR VIDEO