



# Swing 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.			
Gate internal structural and integrity.			
All hinge points in good condition and free movement.			
Opening stop/s security and condition.			
Closing stop security and condition.			
Gate opens and closes in manual without restriction.			
Gate automation attachments solid and good condtion.			
Safety inputs functioning and in good condition.			
Limits adjusted correctly.			
All access control operational and in good condition.			
All locking devices operational and in good condition.			

Further action required:

TECHNICIAN:

HAVE YOU TAKEN PHOTOS AND/OR VIDEO