

# Maintenance Plan

## SLK Carry Product Family

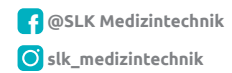


Wellell Group

- |                                                  |                                                |
|--------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> SLK Carry 185 Eco       | <input type="checkbox"/> SLK Carry 185 Pro e   |
| <input type="checkbox"/> SLK Carry 185 Classic   | <input type="checkbox"/> SLK Carry 185 Pro L   |
| <input type="checkbox"/> SLK Carry 185 Classic e | <input type="checkbox"/> SLK Carry 185 Pro L e |
| <input type="checkbox"/> SLK Carry 185 Pro       | <input type="checkbox"/> SLK Carry Compact     |

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Serial number : \_\_\_\_\_ Date of manufacture: \_\_\_/\_\_\_/\_\_\_

Please use the **current maintenance plan** from the SLK website [www.slk-gmbh.de](http://www.slk-gmbh.de) (download area) for documentation.

Pos.	Object	OK	not OK	Remarks	Repaired on:
1	Hoist in original condition				
2	Compatibility certificate for accessory and device combinations is available				
3	User guide available				
4	Type labels present and legible				
5	Casters			• turn easily	
				• pivotable by 360°	
				• undamaged	
				• Fastening screws tightened firmly	
				• Brakes in functional condition	
6	Welding seams ok/ no crack formations/ no deformations			• Base	
				• Mast	
				• Lifting arm (also notice long hole formation on the CSP)	
				• Pusher bar	
				• Motor brackets	
				• Spreader bar	
7	No surface damage or corrosion				
8	Function of the base expansion works easily				
9	Bolt with SL clip in proper condition (replace in case if marks are present)				
10	Screws tightened firmly			• between the base and mast	
				• between the mast and lifting arm (100 Nm tightening torque)	
				• between the base and feet (100 Nm tightening torque)	
11	Hoist bolt with collar for the spreader bar has a collar height of min. 4 mm. Double check the measurement with a slider gauge and enter it under "Remarks".				
12	Teflon washer is present between the hoist bolt and the spreader bar, min. 1 mm thickness or replace otherwise				
13	Folding mechanism is functional				
14	Pusher bar is screwed on				
15	Spring locks and plugs present on spreader bar				

Serial number : \_\_\_\_\_

POS.	Object	OK	not OK	Remarks	Repaired on:
<b>Electrical system</b>					
16	All cables undamaged and connected				
17	Emergency-stop button present and functional (no function while emergency-stop button is pressed, reactivation only by turning)				
18	Charger is present and undamaged, Connections clean, orange control lamp during charging				
19	Charging function available				
20	No lift function during charging				
21	Tipping operation of the hand control works (releasing the hand control stops the lift operation)				
22	Hand control including cable and strain relief are undamaged, control lamps work (if present)				
23	Seal ring present on the plug of the hand control				
24	Control box screwed on tightly				
25	Battery pack without external damage or deformation, Connections clean, locking of the battery pack engages				
26	Electrical control by means of the buttons on the control box works				
27	Indicators/displays function				
28	Both limit switches function (drive switches off at the top and bottom)				
29	No remarkable noises in the drive motor				
30	Mechanical emergency lowering works				
31	Grease deposits removed from the thrust rod				
32	Electrical base expansion works (if present)				
33	Test of the entire lifting cycle pursuant to EN 10535 Annex B1 with the maximum nominal load of the hoist				

**The patient hoist can be used.**

**The patient hoist must be serviced before reuse.**

**A corresponding label has been appended. The person responsible has been informed and hereby confirms this with their signature:** \_\_\_\_\_

Position of the responsible person: \_\_\_\_\_

Name in printed letters: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of tester: \_\_\_\_\_

Next servicing: \_\_\_\_\_

Name in printed letters: \_\_\_\_\_

**All defects have been repaired professionally. The patient hoist can be used.**

Date: \_\_\_\_\_

Signature of tester: \_\_\_\_\_

Next servicing: \_\_\_\_\_

Name in printed letters: \_\_\_\_\_