

Maintenance Plan

SLK Multy Product Family



Wellell Group

- SLK Multy Aktiv + SLK Multy Conversion Kit Universal
 SLK Multy Aktiv e + SLK Multy Conversion Kit Universal
 SLK Multy Universal + SLK Multy Conversion Kit Aktiv
 SLK Multy Universal e + SLK Multy Conversion Kit Aktiv

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Serial number : _____ Date of manufacture: ___/___/___

Please use the **current maintenance plan** from the SLK website 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/footboard/shin support (depending on model)				
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	Bolt for fixating the lifting arm (40mm long) and the mast (60 mm long) are present and in proper condition (replace in case marks are present)				
11	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)			
12	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" (only SLK Multy Universal)				
13	Teflon washer is present between the hoist bolt and the spreader bar, min. 1 mm thickness or replace otherwise				

Serial number : _____

POS.	Object	OK	not OK	Remarks	Repaired on:
14	Gas pressure spring is functional				
15	Folding mechanism is functional				
16	Pusher bar is screwed on				
17	Plug on the spreader bar is present/spring locks and plugs present on spreader bar (if applicable)				
Electrical system					
18	All cables undamaged and connected				
19	Emergency-stop button present and functional (no function while emergency-stop button is pressed, reactivation only by turning)				
20	Charger is present and undamaged, Connections clean, orange control lamp during charging				
21	Charging function available				
22	No lift function during charging				
23	Tipping operation of the hand control works (releasing the hand control stops the lift operation)				
24	No lifting function when the bolt in the mast is not installed correctly. Test: Remove bolt and then all lifting functions must be disabled				
25	Hand control including cable and strain relief are undamaged, control lamps work (if present)				
26	Seal ring present on the plug of the hand control				
27	Control box screwed on tightly				
28	Battery pack without external damage or deformation, Connections clean, locking of the battery pack engages				
29	Electrical control by means of the buttons on the control box works				
30	Indicators/displays function				
31	Both limit switches function (drive switches off at the top and bottom)				
32	No remarkable noises in the drive motor				
33	Mechanical emergency lowering works				
34	Grease deposits removed from the thrust rod				
35	Electrical base expansion works (if present)				
36	Test of the entire lifting cycle pursuant to EN 10535 Annex B1 Multy Universal: with maximum nominal load of the hoist Multy Aktiv: with 50% of 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: _____