

Checklist/maintenance belt scale

Order nr:	
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Customer:		Scale position/name:	
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Inspection of belt scale	Yes	No	N/A
Belt in good condition and contact with weigh stretch when running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scale not affected by surroundings, no wedged material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scale cleaned and free from built-up material/ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scale free from visual damages and linear, rollers in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linearity of weigh stretch done if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The tachometers fixings are functional and hangs freely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The tachometer wheel is stabile in bearings and rotates easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loadcell in good condition, no corrosion i.e. salt or other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cables fixed properly and without damages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connectors in good condition, no slack, cables fixed properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junction box dry inside and intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicator ok (Front and buttons cleaned and in working order)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calibrated before control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calibrated after control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/recommended actions:

Date: _____ Checked by: _____