

Quality Lift Service Recognition Scheme

Checklist for Lift Modernisation

Form A1

Points to note:

1. The applicant must appoint a lift maintenance contractor / an independent professional assessor to complete this form to certify the level of lift modernisation. The form must be submitted together with the participation form (Form AF), otherwise the Electrical and Mechanical Services Department will not process the application.
2. If the application involves more than one registered lift contractor, all contractors are required to complete this form individually.

Name of building ¹ :							
Address:							
Name of maintenance contractor and contract expiry date:							
Note 1: Including residential buildings, industrial and commercial buildings, shopping malls, hotels, public facilities and buildings.							
Extent of implementation of the seven safety enhancement solutions for aged lifts							
Please tick as appropriate to indicate if the lift has been equipped with the corresponding safety devices.							
	Safety devices installed						
Lift Location ID (e.g.1000001-001)	Double brake system (8)	Unintended car movement protection device (8)	Ascending car overspeed protection device (8)	Car door mechanical lock and safety edge (8)	Intercom and CCTV system (6)	Obstruction switch to protect suspension ropes (6)	Automatic rescue device or post-voltage-dip-operation means or backup power supply device with equivalent functions (6)
Remarks: In Part 1, each participating lift must obtain a score of no less than 25 points . If the score of any one of the lifts is below 25 points, no rating will be given. Please provide Annex 1 - Safety Certificate of Form LE11 - "Application for a Use Permit Permitting a Lift to Continue to be Used and Operated" as a supporting document.							

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Total number of lifts: _____

Total score: _____

 Name of Registered Lift Contractor /
 Independent Professional Assessor

 Chop of Registered Lift Contractor and Signature of
 Its Authorised Person / Signature of Independent
 Professional Assessor

Contact Number : _____

Date : _____