CERTIFICATE OF EXAMINATION FOR HANGAR DOOR ASSEMBLY

Building: _____ Door: _____ Door Location Description: _____ _____	Door Type: _____ Opening Size: _____ Door Mfg: _____	Job / SO #: _____ Inspector: _____ Date(s) of Inspection: _____	Inspection Company: _____ Address: _____ _____ _____

Optional: Due to the scattered locations of the inspection items, this column may be used to create your own numbering of items for increased efficiency.

		Inspection Item.	Method of Inspection: V = visual T = Test M = Measure (circle one)	If "M", provide the value obtained and the units.	Within tolerance? (circle one)	Pass	If… Fail	N/A	…Then provide description / notes.
1		Does the door operate properly both directions?	V T M		Y N N/A				
2		CABLE DIAMETER	V T M		Y N N/A				
3		CABLE ALIGNMENT THROUGH GUIDES	V T M		Y N N/A				
4		COUNTER WEIGHT ROLLERS	V T M		Y N N/A				
5		COUNTER WEIGHT ROLLER GUIDE ALIGNMENT	V T M		Y N N/A				
6		MECHANICAL BRAKE OPERATION	V T M		Y N N/A				
7		MECHANICAL BRAKE CONDITION	V T M		Y N N/A				
8		SHEAVE AND PULLEY ALIGNMENT	V T M		Y N N/A				
9		SHEAVE AND PULLEY LUBRICATION	V T M		Y N N/A				
10		GEARBOX LUBRICATION	V T M		Y N N/A				
11		OIL / GREASE LEVELS	V T M		Y N N/A				
12		OIL / GREASE LEAKING?	V T M		Y N N/A				
13		SAFETY DEVICES OPERATION	V T M		Y N N/A				

14		DOOR FRAME	V T M		Y N N/A					
15		WIND LOCKS	V T M		Y N N/A					
16		ROLLERS GUIDES (4)	V T M		Y N N/A					
17		TRACKS	V T M		Y N N/A					
18		GEARBOXES	V T M		Y N N/A					
19		WEIGHT ASSEMBLIES	V T M		Y N N/A					
20		MOTOR OPERATORS	V T M		Y N N/A					
21		AUDIBLE WARNINGS	V T M		Y N N/A					
22		WARNING LIGHTS	V T M		Y N N/A					
23		CHAINS	V T M		Y N N/A					
24		WIRING/CONDUIT	V T M		Y N N/A					
25		CONTROL BOX	V T M		Y N N/A					
26		POWER FEED	V T M		Y N N/A					
27		FASTENERS	V T M		Y N N/A					
28		WELDS	V T M		Y N N/A					

Comments / Concerns / Recommendations for required work:

Next inspection due: _____

☐Equipment Certified Fully Operational (no repairs needed)	☐Equipment Not Certified ☐Unsafe to operate ☐Repairs Required ☐Other _____
I certify I have inspected the aforementioned items to the best of my knowledge. Signed: _____ Date: _____	