



Escalator & Moving Walkway Inspection Checklist

General Information

Record basic details about the inspection.

Inspection Date

Enter date...

Inspection Time

Location/Asset ID

 [Set My Current Location](#)



Escalator/Moving Walkway Type

- ☐ Escalator
- ☐ Moving Walkway (Horizontal)
- ☐ Moving Walkway (Incline)

Asset/Equipment Number

Enter a number...

Inspector Name

Write something...

Company/Department

Write something...

Visual Inspection - Escalator/Moving Walkway Structure

Assessment of the physical structure for damage or wear.

Escalator/Moving Walkway ID:

Enter a number...


Overall Structural Condition:

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Unsafe

Describe any visible damage to the structure (e.g., cracks, rust, corrosion):

Write something...

Upload photos of structural concerns (if any):

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Presence of Rust/Corrosion:

- ☐ None
- ☐ Minor
- ☐ Moderate
- ☐ Severe

Maximum crack width (if applicable) (mm):

Enter a number...

Condition of Support Columns:

- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Needs Repair

Describe any issues with the enclosure or balustrades:

Write something...

Step/Tread & Handrail Inspection

Detailed check of steps/treads and handrails for damage, wear, or loose components.

Step/Tread Condition (1-5, 1=Excellent, 5=Severe Wear)

Enter a number...

Step/Tread Damage Observed?

- ☐ Cracks
- ☐ Chips
- ☐ Loose Steps
- ☐ Worn Edges
- ☐ Deformation
- ☐ None Observed

Handrail Height (inches)

Enter a number...

Handrail Issues?

- ☐ Loose
- ☐ Damaged
- ☐ Misaligned
- ☐ None Observed

Detailed Description of Handrail/Step/Tread Issues

Write something...

Step/Tread Slippage Observed?

- ☐ Yes
- ☐ No

Photo Documentation of Step/Tread or Handrail Issues

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Handrail Integrity Score (1-5, 1=Excellent, 5=Critical)

Enter a number...

Comb & Chain Inspection

Examination of the comb and chain system for debris, wear, and proper function.

Comb Tooth Condition (Rating 1-5, 1=Excellent, 5=Severe Wear)

Enter a number...

Describe any comb damage, cracks, or missing teeth.

Write something...

Chain Link Count (Verify against manufacturer specifications)

Enter a number...

Describe any chain corrosion, kinks, or damage.

Write something...

Chain Tension (Adequate, Tight, Loose)

- ☐ Adequate
- ☐ Tight
- ☐ Loose

Debris Present on Comb/Chain (Check all that apply)

- ☐ Dust
- ☐ Paper
- ☐ Fabric
- ☐ Metal
- ☐ Organic Matter
- ☐ None

Comb/Chain Cleaning Method Used

Write something...

Drive System Inspection

Inspection of the motor, gearbox, and drive belt/chain for signs of wear or malfunction.

Motor Voltage (V)

Enter a number...

Motor Amperage (A)

Enter a number...

Gearbox Oil Level (inches)

Enter a number...

Gearbox Oil Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Drive Belt/Chain Condition

- ☐ New/Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor - Requires Replacement

Describe any unusual noises or vibrations related to the drive system:

Write something...

Date of Last Gearbox Oil Change

Enter date...

Attach Photo of Drive System Components

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Safety Devices & Emergency Stop

Verification of the functionality of safety devices and emergency stop buttons.

Emergency Stop Buttons - Visual Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ N/A

Emergency Stop Buttons - Functionality (Press & Release)

- ☐ Pass
- ☐ Fail
- ☐ N/A

Number of Emergency Stop Buttons Tested

Enter a number...

Skirt and Side Brush Condition

- ☐ Intact and Properly Positioned
- ☐ Minor Damage
- ☐ Significant Damage
- ☐ Missing

Safety Sensors Functionality

- ☐ Pass
- ☐ Fail
- ☐ N/A

Comments/Observations Regarding Safety Devices

Write something...

Last Safety Device Maintenance Date

Enter date...

Electrical Inspection

Review of electrical components and wiring, ensuring proper connections and insulation.

Motor Voltage (V)

Motor Current (A)

Gearbox Oil Temperature (°C)

Wiring Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor


Grounding Connection

- ☐ Secure
- ☐ Loose
- ☐ Corroded
- ☐ Not Present

Notes on Electrical Components

Write something...

Electrical Diagram (if available)

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Lubrication & Maintenance

Check of lubrication levels and confirmation of recent maintenance activities.

Last Lubrication Date

Enter date...

Quantity of Lubricant Used (e.g., liters/oz)

Enter a number...

Type of Lubricant Used

- ☐ Lithium Grease
- ☐ Synthetic Grease
- ☐ Other (Specify)

Notes on Lubrication Performance (e.g., ease of application, condition of lubricant)

Write something...

Date of Last Preventative Maintenance

Enter date...


Description of Maintenance Performed (e.g., belt inspection, gear cleaning)

Write something...

Maintenance Performed by (Internal/External)

- ☐ Internal Maintenance Team
- ☐ External Contractor

Upload Maintenance Records/Invoices (Optional)

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Noise & Vibration Assessment

Observation and documentation of any unusual noises or excessive vibrations.

Vibration Level (RMS)

Enter a number...

Describe Noise Level

- ☐ Normal
- ☐ Slightly Elevated
- ☐ Elevated
- ☐ Excessive

Describe any Unusual Noises

Write something...

Describe any Unusual Vibrations

Write something...

Vibration noticeable to users?

- ☐ Yes
- ☐ No
- ☐ Unsure

Frequency of Unusual Noise (Hz - if identifiable)

Enter a number...

Signage and Compliance

Verification of proper signage and adherence to relevant safety codes and regulations.

Are warning signs present and legible?

- ☐ Yes
- ☐ No
- ☐ N/A

Are emergency stop instructions clear and visible?

- ☐ Yes
- ☐ No
- ☐ N/A

Signage Height (Feet)

Enter a number...

Comments on Signage Visibility or Condition

Write something...

Compliance with Local Codes?

- ☐ Yes
- ☐ No
- ☐ Unknown

Date of last Code Compliance Review

Enter date...

Documentation of compliance (e.g. permits, inspection reports)

Write something...