



Escalator/Moving Walkway Maintenance Checklist

Daily Visual Inspection

Quick checks performed daily to identify immediate concerns.

Overall Condition

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

Handrail Alignment

- ☐ Aligned
- ☐ Slightly Misaligned
- ☐ Misaligned – Requires Attention

Noise Level (1-10, 1=Silent, 10=Very Loud)

Any Unusual Odors Detected?

Skirt Condition

- ☐ Intact
- ☐ Minor Damage
- ☐ Significant Damage

Step/Tread Condition

- ☐ Good
- ☐ Minor Wear
- ☐ Significant Wear
- ☐ Damage Present

Weekly Functional Checks

More detailed checks performed weekly to ensure proper operation.

Step Chain/Belt Speed (ft/min or m/min)

Step Chain/Belt Tension (lbs or N)

Step Chain/Belt Alignment

- ☐ Aligned
- ☐ Slightly Misaligned
- ☐ Significantly Misaligned

Noise Level

- ☐ Normal
- ☐ Slightly Elevated
- ☐ Excessive

Comments/Observations (e.g., unusual noises, vibrations)

Write something...

Emergency Stop Buttons Functionality

- ☐ Functioning Correctly
- ☐ Requires Attention

Motor Current Draw (Amps)

Enter a number...

Monthly Preventative Maintenance

Regular maintenance tasks to prevent breakdowns and extend lifespan.

Step Chain/Belt Speed (ft/min)

Enter a number...

Motor Amperage (Current Draw)

Enter a number...

Gearbox Oil Level (inches)

Enter a number...

Gearbox Oil Condition

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

Lubrication Points Inspected/Lubricated (Select all that apply)

- ☐ Step Chain/Belt
- ☐ Guide Rails
- ☐ Bearings
- ☐ Motor Shaft
- ☐ Other (Specify in LONG_TEXT)

If 'Other' selected for lubrication, please specify:

Write something...

Comb Condition

- ☐ Clean
- ☐ Slightly Dirty
- ☐ Dirty
- ☐ Very Dirty

Last Filter Replacement Date

Enter date...

Any unusual noises observed?

Write something...

Annual Comprehensive Maintenance

In-depth inspection and maintenance requiring specialized expertise.

Detailed Description of Annual Inspection Findings

Write something...

Photographs of Key Components (e.g., Drive System, Step Chains)

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Drive Motor Current Draw (Amps)

Enter a number...

Step Chain Tension (Measured in Inches)

Enter a number...

Gearbox Oil Level (Measured in Inches/Milliliters)

Enter a number...

Gearbox Oil Condition (Visual Inspection)

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

Date of Next Scheduled Oil Change (Gearbox)

Enter date...

Areas of Concern Identified (Select all that apply)

- ☐ Excessive Noise
- ☐ Vibration
- ☐ Unusual Odor
- ☐ Step Misalignment
- ☐ Electrical Issues
- ☐ None

Recommendations for Corrective Actions

Write something...

Technician Signature

Safety & Emergency Systems

Verification of safety features and emergency response procedures.

Last Emergency Stop Test Date

Enter date...

Emergency Stop Response Time (seconds)

Enter a number...

Emergency Stop Button Condition (Functional/Needs Repair/Out of Service)

- ☐ Functional
- ☐ Needs Repair
- ☐ Out of Service

Safety Features Verified (Check all that apply)

- ☐ Skirting Boards Secure
- ☐ Comb Plates Clean
- ☐ Handrails Functional
- ☐ Emergency Lighting Operational
- ☐ Fire Detection System Integration
- ☐ Audible Warnings Functioning

Notes on Emergency Response Protocol Review

Write something...

Emergency Lighting Battery Status

- ☐ Good
- ☐ Fair
- ☐ Poor - Requires Replacement

Photographic Evidence of Safety System Condition

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Documentation & Record Keeping

Maintaining accurate records of all inspections and maintenance performed.

Date of Last Inspection/Maintenance

Enter date...

Start Time of Inspection/Maintenance

Meter Reading (Total Steps/Distance)

Enter a number...


Observations & Notes (Describe any issues found)

Write something...

Condition of Escalator/Moving Walkway (Post-Maintenance)

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

Upload Photos/Videos (Evidence of condition or repairs)

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Technician Name

Write something...

Contractor (If applicable)

Write something...

Recommendations for Future Maintenance

Write something...