



# Loading Dock Door Maintenance Checklist

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## Daily Visual Inspection

Quick, daily checks to identify immediate concerns.

### Door Condition - Overall

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

### Visible Damage?

- ☐ Yes
- ☐ No



### **Describe Any Damage Observed (If Applicable)**

Write something...

### **Door Seals - Condition**

- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Missing/Damaged

### **Approximate Temperature (for door seal assessment)**

Enter a number...

### **Safety Light Curtain (if equipped) - Functioning?**

- ☐ Yes
- ☐ No
- ☐ Not Equipped

### **Additional Notes/Observations**

Write something...

# Monthly Functional Testing

Thorough operational checks of all door components.

## Door Cycle Speed (seconds)

## Door Opening Time (seconds)

## Door Closing Time (seconds)

## Door Operation Noise Level

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

### Door Seal Integrity

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

### Safety Reverse Mechanism Functionality

- ☐ Functional
- ☐ Needs Adjustment
- ☐ Not Functional

### Any Unusual Observations During Testing

Write something...

### Date of Functional Test

Enter date...

### Technician Signature

# Quarterly Lubrication & Cleaning

Regular cleaning and lubrication to prevent wear and tear.

**Describe the cleaning method used (e.g., soap and water, degreaser).**

Write something...

**Note any debris or build-up observed during cleaning.**

Write something...

**Lubricant Type Used:**

- ☐ Silicone Spray
- ☐ Lithium Grease
- ☐ Dry Lube
- ☐ Other (specify in long text)

**Quantity of Lubricant Used (e.g., ounces, grams)**

Enter a number...

**Specific areas lubricated (e.g., hinges, rollers, springs)**

Write something...

**Number of hinge points lubricated**

Enter a number...

**Note any unusual resistance or noises during lubrication**

Write something...

## Annual Comprehensive Inspection

Detailed inspection and maintenance performed by a qualified technician.

**Door Cycle Count (Last Year)**

Enter a number...

**Door Opening Speed (ft/sec)**

Enter a number...

### Door Closing Speed (ft/sec)

Enter a number...

### Door Operation (Overall)

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

### Detailed Condition Notes (Include any unusual noises, movements, or signs of wear)

Write something...

### Photos of Door & Components (Upload any relevant images)

 Upload File

### Photoelectric Sensor Functionality

- ☐ Fully Functional
- ☐ Partially Functional
- ☐ Not Functional

### Date of Last Spring/Cable Inspection/Replacement

Enter date...

### Recommendations for Future Maintenance or Repair

Write something...

### Technician Signature

## Safety Equipment Check

Verifies safety devices are functional and properly maintained.

### Light Curtain Status?

- ☐ Functional
- ☐ Malfunctioning - Requires Repair
- ☐ Disconnected

### Presence Control Device (PCD) Status?

- ☐ Functional
- ☐ Malfunctioning - Requires Repair
- ☐ Disconnected

### Audible Warning Device (Horn/Signal) Status?

- ☐ Functional
- ☐ Malfunctioning - Requires Repair
- ☐ Disconnected

### Light Curtain Beam Alignment (Distance in mm)

Enter a number...

### Emergency Stop Button Functionality?

- ☐ Functional
- ☐ Requires Repair
- ☐ Disconnected

### Any observed safety hazards or unusual behavior?

Write something...

### Date of last safety equipment inspection

Enter date...

# Documentation & Records

Maintain records of inspections, maintenance, and repairs.

Date of Last Inspection

Enter date...

Inspector's ID Number

Enter a number...

Summary of Findings & Actions Taken

Write something...

Next Maintenance Schedule Type

☐ Daily

☐ Weekly

☐ Monthly

☐ Quarterly

☐ Annually

### Scheduled Next Inspection Date

### Upload Supporting Photos/Documents (Optional)

 Upload File

### Maintenance Provider (if applicable)