✔ ChecklistGuro

Loading Dock Door Maintenance Checklist

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)

Enter a number...

Door Opening Time (seconds)

Enter a number...

Door Closing Time (seconds)

Enter a number...

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

Enter date...

Upload Supporting Photos/Documents (Optional)

⬆ Upload File

Maintenance Provider (if applicable)

Write something...