

**CHECKLIST A**

**MAHA MEKAR SDN. BHD.** (Company No. 332919-D)

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**Spiral Waste Bin System  
 Maintenance Checklist**

No. **0001**

LOCATION :		MODEL :				SERIAL NO. :
NO.	TASK	SERVICE, CHECKING OR TESTING				REMARKS
		NORMAL	FAULTY	ADJUST	REPLACE	
<b>1</b>	<b>MAIN BODY</b>					
a)	Clean all body of machine					
b)	Check for any physical abnormalities					
c)	Check for leaking & rusting					
<b>2</b>	<b>DRIVING ASSEMBLY</b>					
a)	Check for any physical abnormalities					
b)	Check the geared motor condition					
c)	Check the geared motor oil level					
d)	Check driving sprocket, chain & greasing					
e)	Check all bearing condition & greasing					
f)	Inspect the spiral screw					
g)	Check for leaking & rusting					
<b>3</b>	<b>DISCHARGE GATE DEVICE</b>					
a)	Check for any physical abnormalities					
b)	Check the geared motor condition					
c)	Lubrication & greasing of driving device					
d)	Check limit switch condition					
e)	Inspect the normal operation					
<b>4</b>	<b>INLET GATE DEVICE</b>					
a)	Check for any physical abnormalities					
b)	Check the geared motor condition					
c)	Lubrication & greasing of driving device					
d)	Check limit switch condition					
e)	Inspect the normal operation					
<b>5</b>	<b>BIN LIFTER SYSTEM</b>					
a)	Check for any physical abnormalities					
b)	Check the geared motor condition					
c)	Check the geared motor oil level					
d)	Check all bearing condition & greasing					
e)	Check sprocket, chain tension & greasing					
f)	Check MGB clamp device springs & roller bearings					
<b>6</b>	<b>CONTROL PANEL</b>					
a)	Check for any physical abnormalities					
b)	Check all indicators					
c)	Check on wiring & connections					
d)	Check for exposed wiring					
e)	Check all electrical & electronic parts					
f)	Testing & Commissioning					
<b>7</b>	<b>FIRE CONTROL (IF APPLICABLE)</b>					
a)	Check for any physical abnormalities					
b)	Check all indicators & electrical parts					
c)	Testing & Commissioning					
<b>8</b>	<b>WATER SPRAY (IF APPLICABLE)</b>					
a)	Check for any physical abnormalities					
b)	Perform the spray test					
<b>9</b>	<b>WATER SUPPLY (IF APPLICABLE)</b>					
a)	Check incoming water & leaking					
b)	Check gate valve condition					
<b>10</b>	<b>DRAINAGE (IF APPLICABLE)</b>					
a)	Check condition & clearing of the drain pipe					
b)	Check condition & clearing of the septic tank					
<b>11</b>	<b>LIGHTING (IF APPLICABLE)</b>					
a)	Check lighting, switch & wiring condition					
b)	Check spot-light & control panel					
COMMENTS :						I HEREBY CERTIFY THAT THE ABOVE SERVICE WAS CONDUCTED SATISFACTORILY  .....  CUSTOMER'S STAMP & SIGNATURE
SERVICED BY :						
DATE OF SERVICE :		SIGNATURE :				