

## LEV CHECKLIST

LEV Serial No. \_\_\_\_\_

For Sales & Service Call - 01709 555501 or E-mail - sales@totalextraction.co.uk

The operator should check items at the suggested frequency, if OK ✓ or if a problem ★ in the box, then initial the column.

Location:

Write details of problems, and how they have been resolved in the boxes at bottom the sheet.  Month: January Year:																																				
WHERE APPLICABLE	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	Т	W	T	F	S	
DAILY CHECK LIST - DATE																																				
Airflow indicator effective if fitted																																				
LEV on when process in use																																				
Extraction close enough to source & fully capturing all the substance																																				
No unusual noise/vibration/odours																																			i	
No draughts affecting airflow																																			i	
Filter shaker operating effectively																																				
Waste collection not overfull																																			j	
Area clean & tidy																																				
Checked by Initials																																				
WEEKLY CHECK LIST			Wee	ekly ch	eck by:					Week	ly ch	eck by	y:				W	eekly c	heck b	y:				W	eekly	check	by:				We	ekly ch	eck by	<b>':</b>		
Filter in good condition and access not obstructed																																				
Flexible hose condition		]														]														]						
Ducting & hood condition																																				
Dampers operate freely		1							1							1							1							1						
Visible electric cable condition		1														1							Ī							1						
MONTHLY CHECKLIST	•	_	Mon	ithly ch	eck by	:			•							<u></u>																				
LEV Inspection label within date				•																																
Date filter changed																																				
				(	Genera	al hous	ekeepi	ng:- A	ll spilla	iges must				removo leaning						g or us	ing an	airline	to cle	an is fo	rbidde	en.										
					F	Record de	etails of a	any prob	lem repor	rted verbally	y to ma	anageme	ent for a	ction/adv	ice. Ente	er date, p	roblem,	name of p	person re	porting p	problem,	name of	person r	eported t	0:-											
Date Details																											Reported									
																											By:									
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						T	HIS IS	NOT A	LEGA	LLY BIN	DING	DOCU	UMEN	T. HOV	VEVEF	RITIS	A MIN	IMUM	RECO	MMEN	DED T	ES CH	ECKLI	ST.												