



## LEV CHECKLIST

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

Location: \_\_\_\_\_

For Sales & Service Call - 01709 57744 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.  
Write details of problems, and how they have been resolved in the boxes at bottom the sheet.

Month: \_\_\_\_\_ 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	T	W	T	F	S	
<b>DAILY CHECK LIST - DATE</b>																																				
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																																				
No draughts affecting airflow																																				
Filter shaker operating effectively																																				
Waste collection not overfull																																				
Area clean & tidy																																				
<b>Checked by Initials</b>																																				

WEEKLY CHECK LIST	Weekly check by:							Weekly check by:							Weekly check by:							Weekly check by:									
Filter in good condition and access not obstructed																															
Flexible hose condition																															
Ducting & hood condition																															
Dampers operate freely																															
Visible electric cable condition																															

MONTHLY CHECKLIST	Monthly check by:
LEV Inspection label within date	
Date filter changed	

**General housekeeping:- All spillages must be immediately removed by vacuum. Sweeping, dusting or using an airline to clean is forbidden.  
A regular cleaning routine must be operated.**

Record details of any problem reported verbally to management for action/advice. Enter date, problem, name of person reporting problem, name of person reported to:-		
Date	Details	Reported
		By:
		To:

**THIS IS NOT A LEGALLY BINDING DOCUMENT. HOWEVER IT IS A MINIMUM RECOMMENDED TES CHECKLIST.**