

Location/Cupboard: _____

Point End: _____

Date	Service Schedule/Activity*	Switch Tip Opening (mm)		Flangeway Check** (✓/A/-)		Point Lock Test** (✓/A/-)		Detection Test** (✓/A/-)		Motor Current (Operating Amps)			Adjustment/Maintenance Comments***	Name	Signed
		N	R	N	R	N	R	N	R	N-R	R-N	Slip			

* Service Schedule/Activity may be an SS01, SS02, Defect, Failure, Tamping, Rerail or Renewal, for example.
 ✓ = tested OK, **A = adjustment made and retested OK, - = not applicable or not performed. Flangeway Check includes a check of backdrive operation/adjustment (where fitted).
 ***Adjustment/Maintenance Comments may be: Slack Nor Lock, +1mm shim. Tight Rev Lock, Sphero Rotated -1/8th. Light Nor Det. Heavy Rev Det. Refer to any defects found or fixed. Write **PTO** when further comments are made on the back.

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Additional Comments

Date	Service Schedule/ Activity*	Adjustment/Maintenance Comments***

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