# Location/Cupboard: Point End:

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| **Date** | **Service Schedule/Activity\*** | Switch Tip Opening(**mm**) | Flangeway Check\*\*(🗸/**A**/**-**) | Point Lock Test\*\*(🗸/**A**/**-**) | Detection Test\*\*(🗸/**A**/**-**) | **Adjustment/Maintenance Comments\*\*\*** | **Name** | **Signed** |
| **N** | **R** | **N** | **R** | **N** | **R** | **N** | **R** |
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\* 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.

# Additional Comments

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