

Standard Maintenance Form

| Mechanical Lever Frame Test Certificate                        |  |    |  |         |
|----------------------------------------------------------------|--|----|--|---------|
| Signal Box* / Shunting Frame* / Gate Box* / Ground Frame* Name |  |    |  |         |
| Frame Type / Make                                              |  |    |  |         |
| Number of Levers                                               |  | At |  | Centres |

|                         |       |       |       |
|-------------------------|-------|-------|-------|
| Overall Frame Condition | Good* | Fair* | Poor* |
|-------------------------|-------|-------|-------|

| The Following Items were verified as correct / in good working order: |           |             |
|-----------------------------------------------------------------------|-----------|-------------|
| Item                                                                  | Correct** | Comments*** |
| Compliance with Locking Figures                                       |           |             |
| Lever Painting                                                        |           |             |
| Lever Name & Pull Plates                                              |           |             |
| Catch Handle Contacts                                                 |           |             |
| Catch Handle Condition                                                |           |             |
| Wear in Frame                                                         |           |             |
| Wire Adjusters                                                        |           |             |
| Short Handles                                                         |           |             |
| Spares                                                                |           |             |
| Spaces                                                                |           |             |
| Final Correspondence Check of Levers & Indications                    |           |             |

|                                     |
|-------------------------------------|
| Recommended for Overhaul?* Yes / No |
|-------------------------------------|

|                        |        |  |
|------------------------|--------|--|
| Testing Undertaken By: | Name   |  |
|                        | Signed |  |
|                        | Date   |  |

|                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| *: Delete as appropriate **: Insert tick if all correct, cross and comment if not ***: Use general comments section to expand on detail as required |
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Outstanding Actions / General Comments (continued)