



SUMAKE Industrial Co., Ltd.

www.sumake.com

ISO 9001



Maintenance Checklist

Company Name :

MODEL NO. :

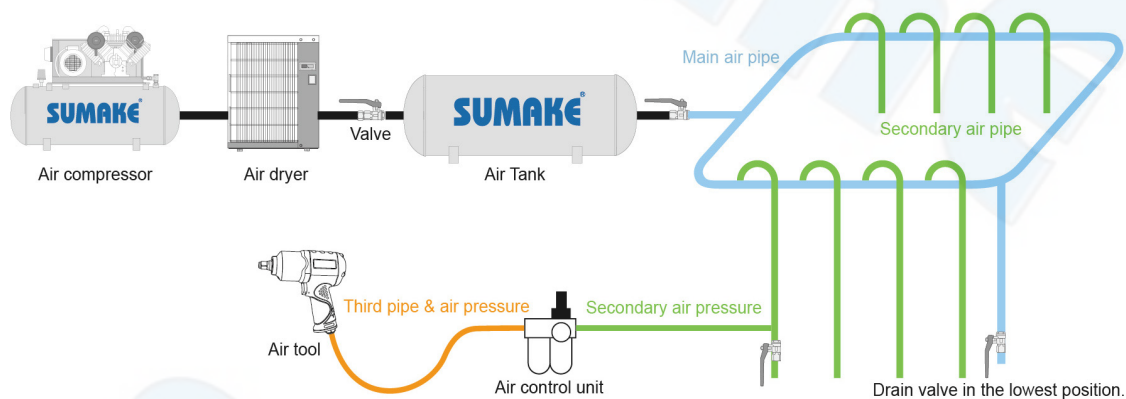
S/N:

P/I or Order no.:	
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Problem statement:

Filled Date: _____

Sample of configuration



Diagnostics

Filled by manufacturer

OK

NG

1	The length of Main air pipe for Production line	<input type="checkbox"/> Over 60m <input type="checkbox"/> 30m <input type="checkbox"/> 15m <input type="checkbox"/> 5m <input type="checkbox"/> Others _____m		
2	The diameter of Main air pipe for Production line	<input type="checkbox"/> 25mm <input type="checkbox"/> 20mm <input type="checkbox"/> 15mm <input type="checkbox"/> 10mm <input type="checkbox"/> Others_____mm		
3	The air pressure of Secondary air pipe for Production line	<input type="checkbox"/> 6Kg/cm2 <input type="checkbox"/> 5Kg/cm2 <input type="checkbox"/> 4Kg/cm2 <input type="checkbox"/> Others _____Kg/cm2		
4	The length of Secondary air pipe for Production line	<input type="checkbox"/> Over 10m <input type="checkbox"/> 5m <input type="checkbox"/> 3m <input type="checkbox"/> 2m <input type="checkbox"/> 1m <input type="checkbox"/> Others _____m		
5	The diameter of Secondary air pipe for Production line	<input type="checkbox"/> 12mmX8mm <input type="checkbox"/> 10mmX6.5mm <input type="checkbox"/> 8mmX5mm <input type="checkbox"/> 6mmX4mm <input type="checkbox"/> Others_____mm		
6	The air pressure of Third air pipe for Production line (press trigger)	<input type="checkbox"/> 6Kg/cm2 <input type="checkbox"/> 5Kg/cm2 <input type="checkbox"/> 4Kg/cm2 <input type="checkbox"/> Others _____Kg/cm2		
7	The length of Third air pipe for Production line	<input type="checkbox"/> Over 10m <input type="checkbox"/> 5m <input type="checkbox"/> 3m <input type="checkbox"/> 2m <input type="checkbox"/> 1m <input type="checkbox"/> Others _____m		
8	The diameter of Third air pipe for Production line	<input type="checkbox"/> 12mmX8mm <input type="checkbox"/> 10mmX6.5mm <input type="checkbox"/> 8mmX5mm <input type="checkbox"/> 6mmX4mm <input type="checkbox"/> Others_____mm		
9	The air equipment of Production line	<input type="checkbox"/> Dryer <input type="checkbox"/> Pressure Regulator <input type="checkbox"/> Oil feed <input type="checkbox"/> Water filter		



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Diagnostics			Filled by manufacturer	
			OK	NG
10	Torque value (indicate when insufficient torque)	<input type="checkbox"/> Test by Hydraulic torque test <input type="checkbox"/> Test by Digital torque test <input type="checkbox"/> Other _____ _____ ft-lb _____ N.m _____ in-lb under _____ s(time)		
11	Application	<input type="checkbox"/> Production line <input type="checkbox"/> Maintenance <input type="checkbox"/> Automotive after service		
12	The size of bolt(diameter)	_____ mm		
13	The size of bolt(length)	_____ mm		
14	The material of festening	<input type="checkbox"/> Steel <input type="checkbox"/> Steel(Tapping) <input type="checkbox"/> Wood <input type="checkbox"/> Plastics <input type="checkbox"/> Others		
15	Frequency of operation	_____ hr/day, Screwing count _____ Total operating days _____ days		

Maintenance points- An Abnormal problem		
1	Check general condition for Looking	<input type="checkbox"/> The trigger has broken or damage <input type="checkbox"/> The anvil has broken or damage <input type="checkbox"/> The housing has broken or damage <input type="checkbox"/> Others
2	Check Motor running in abnormal	<input type="checkbox"/> The motor is rusty <input type="checkbox"/> The blade has broken <input type="checkbox"/> The bearing has broken or a bit rusty <input type="checkbox"/> The gear has broken
3	Insufficient power for torque and speed	<input type="checkbox"/> Check of the Silencer for dust <input type="checkbox"/> The blade has worn out <input type="checkbox"/> Object stuck in the air inlet <input type="checkbox"/> Oil inside mechanism has dried out <input type="checkbox"/> Others _____
4	Motor still keep runnig , trigger has jammed inside	<input type="checkbox"/> The spring of valve set has broken <input type="checkbox"/> The throttle valve Seat or o-ring has broken <input type="checkbox"/> Others _____
Remarks: -----		