



## LEV CHECKLIST

**Call 01709 577444 for Sales or Service**

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   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Checked by Initials   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

| 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.**