Date of Meeting: \_\_\_\_\_\_\_\_\_

Property: \_\_\_\_\_\_\_\_\_\_\_\_

**Elevator Service Management Meeting**

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| **Attendance Log** | | |
| **Company** | **Name** | **Email Address** |
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1. **Purpose**: *Why are we doing this?*

The facility believes partnering with your team to regularly review the elevators for the facility is in the best interests of both parties. The monthly meetings are intended to discuss the facility’s elevator reliability, performance, preventive maintenance performed, preventive maintenance and repair forecasted for following month, status of any code inspection work and any pertinent information pertaining to the elevators. If additional correspondence is deemed necessary via conference call or additional in-person meetings, the frequency can be adjusted as needed, but should never exceed a monthly interval.

1. **Service Calls**: *Are the elevator’s reliable?*
   1. Discuss any service calls that occurred the previous month in detail.
      1. Elevator in question
      2. Date and Time call was placed
      3. Response time of onsite tech
      4. Issue observed with elevator
      5. Remediation effort
      6. Is this a repeat issue (occurred in the last 90 days)?
      7. Is additional investigation/work warranted beyond initial remediation effort.
   2. What measures can be taken to ensure service call cause is minimized/eliminated moving forward on this and other elevators?
   3. Could any of the service calls be contributed to reasons outside the contractor’s control, i.e. power fluctuation, wind, water, misuse. If so how and what can be done to mitigate this in the future such as engaging other specialists for review or facility protocol improvement for example?
   4. Could any of the service calls be contributed to equipment maintenance, adjustment, repair and or housekeeping needs as part of the preventive service efforts of Contractor?
   5. Is the response time to each service call within accordance with contractual requirements?
2. **Preventive Maintenance and Repair Performed**: *What maintenance was done LAST 30 days?*
   1. What elevator(s)
   2. Door Related:
   3. Controller Related:
   4. Machine Related:
   5. Landing System Related:
   6. Fixture & Button Related:
   7. Pit Related:
   8. Adjustments:
   9. Housekeeping:
   10. Repairs:
   11. Replacement of Components:
   12. Safety mechanisms tested:
   13. Ride quality related:
   14. Code Inspection Work Related:

*\*\*\*COMPARE WITH PREVIOUS MONTH’S COMMITMENTS/PLAN\*\*\**

1. **Preventive Maintenance and Repair Performed**: *What maintenance was done NEXT 30 days?*
   1. What elevator(s)
   2. Door Related:
   3. Controller Related:
   4. Machine Related:
   5. Landing System Related:
   6. Fixture & Button Related:
   7. Pit Related:
   8. Adjustments:
   9. Housekeeping:
   10. Repairs:
   11. Replacement of Components:
   12. Safety mechanisms tested:
   13. Ride quality related:
   14. Code Inspection Work Related:
2. **Communication:** *Is it accurate, timely and consistent?*
   1. Service Technician
   2. Contractor Office Personnel
   3. Property
3. **Finance**: Is the account financially current?
   1. Any outstanding payments exceeding 30 days?
   2. Any invoices being questioned or require revision or credit?
   3. Any future investment to be considered for budgeting purposes and why?
4. **Action Items**: *What do we owe each other?*

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| **What is Owed or to be done?** | **Date to be delivered** | **By Who?** | **Closed Out (X)** |
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