

# Automated Gate Safety Review Form (Print Version)

Designed and Produced by Gate-A-Mation Ltd


This document is for GUIDANCE ONLY!

Should there be any doubt about the safety of a system, if practical to do so, please refrain from using the system until a suitably qualified person can give an on-site appraisal.

This print version of our Safety Review form is intended to allow you to fill in the details offline and complete the online version using the data collected when your computer and an Internet connection is available.

Please use one form for each gate system, completing all appropriate fields, those with red asterisks are mandatory.

Date of Completing this Form \*

/  /  

MM DD YYYY  
Please note: The date format is Month/Day/Year

Your Reference Number (if applicable) \*

GAM:

Your reference number can be found on your gate system control box

System Location: \*

Please describe the precise location of your system.

## Section 1.0 - Potential for Personal Injury

Please select appropriate answer(s) below.

1.1 - Are pedestrians expected to use the system as a means of access?  YES  NO

1.2 - Is there an alternative access point, for example a manual or side gate?  YES  NO

1.3 - If YES, where is the alternative access point located?  ADJACENT  CLOSE BY  SET AWAY

1.4 - Are vulnerable persons or children likely to use or play near the system?  YES  NO  MAYBE

1.5 - What is the likelihood of personal injury from the system when  LIKELEY  UNLIKELY  UNSURE

**opening and closing?**

**1.6 - How serious would any personal injury be from the system when opening and closing?**

- MINOR
- MAJOR
- UNSURE

**1.7 - Is personal injury likely to occur during the following cycles?**

- OPENING
- CLOSING
- BOTH

**1.8 - Is personal injury likely to occur from these locations?**

- HINGED END
- SWING END
- POST
- PIER
- OTHER
- ALL

**1.9 - Are the pinch points and trap areas as safe as is reasonably possible?**

- YES
- NO
- UNSURE

**Section 1.0 - (Continued)**

**1.10 - Force Settings Test**

Considering the environmental changes likely to effect the gate system (snow & ice in winter, high winds & hot summer days), are the operational pressure settings for the gate(s) suitable, in both directions, without excessive load?

SAFETY FIRST: Take great care if testing, please do not hold or block the gate personally. If you require further guidance please contact our office on 0845 094 6070.

**1.11 - Following the force settings guidance above, carry out the test and then submit your answer to the question.**

- YES
- NO
- UNSURE

**1.12 - When activated, how do the safety devices work? Select A, B or C.**

- A - The Gate stops
- B - The Gate stops and returns in one direction only.
- C - The Gate stops and returns in either direction.

**Section 2.0 - Vehicular Protection**

Please select appropriate answer(s) below.

**2.1 - Please indicate the safety device(s) fitted to the system.**

- NONE INSTALLED
- PHOTO-SWITCHES
- INDUCTION LOOP
- SAFETY EDGE
- OTHER (Please specify)

**If "OTHER" has been checked:**

**2.2 - Are functional safety photo-switches installed, if so where?**

- NONE INSTALLED
- BETWEEN GATE POSTS
- INSIDE OPERATING AREA
- OUTSIDE OPERATING AREA

2.3 - How many safety photo-switches are fitted?

- SINGLE UNIT
- TWO PAIRS
- ONE PAIR
- MORE (Specify)

If "MORE" has been checked:

2.4 - Are functional induction loops installed, if so where?

- OUTSIDE OF GATE
- INSIDE & OUTSIDE
- INSIDE OF GATE
- UNDER GATE

2.5 - How many functional induction loops are fitted?

- ONE
- THREE
- TWO
- MORE (Specify)

If "MORE" has been checked:

2.6 - Are there functional safety edges installed?

- YES
- NO

2.7 - How many functional safety edges are fitted?

- ONE
- THREE
- TWO
- MORE (Specify)

If "MORE" has been checked:

2.8 - Where are the functional safety edges installed?

- ON THE GATE
- ON THE WALL
- OTHER (Specify)
- ON THE GATE POST
- ON A BEAM

If "OTHER" has been checked:

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### Section 3.0 - General Information

Please select appropriate answer(s) below.

3.1 - Which of the following is the system serving?

- SINGLE HOME OR OFFICE
- MULTIPLE HOMES OR OFFICES
- COMMERCIAL OR PUBLIC PROPERTY
- OTHER (Please Specify Below)

If "OTHER" has been checked:

3.2 - What type of gate or barrier do you have?

- SWING
- LIFT
- SLIDING
- RISING

3.3 - How many users is the system allowing through each day?

- UP TO 20 USERS
- UP TO 100 USERS
- UP TO 60 USERS
- MORE (Specify)

If "MORE" has been checked:

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## Image Upload Facility

If beneficial to do so, we invite you to support this report with images of your gate system, a maximum of six may be uploaded, using the online version of this form.

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### Image Verification



Please enter the text from the image:

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