



Försäkran om överensstämmelse

Tillverkare:	JLG Manufacturing Europe bvba	Teknisk dokumentation:	JLG EMEA B.V.
Adress:	Industrieterrein "Oude Bunders" 1034 Breitwaterstraat 12A B-3630 Maasmechelen BELGIUM		Polarisavenue 63, 2132 JH Hoofddorp The Netherlands
Kontakt:	Barrie Lindsay	Befattning:	Director of Engineering-Europe
Maskintyp:	Mobil lyftarbetsplattform		
Modelltyp	2632ES		
Serienummer:	1200027507		
Anmält organ:	Powered Access Certification Ltd.		
EG-nummer:	0545		
Adress:	Applethwaite Lodge, The Common, Windermere, Cumbria, LA23 1JQ		
CerCertifikatnummer:	<u>CE15/13647/PAC (ES SCISSORS)</u>		
Referensstandarder :	EN 55011:2009/A1:2010, EN 61000-6-2:2005 EN 280:2013+ A1:2015, EN ISO 12100:2010		

JLG Industries Inc. förklarar härmed att ovanstående maskin uppfyller kraven i:
 2014/30/EU Elektromagnetiskt utsläpp
 2006/42/EG Maskindirektivet

Underskrift: _____
 Namn: Barrie Lindsay

Datum: 6 september 2017
 Befattning: Director of Engineering-Europe
 Ort:

OBS:

Denna deklaration överensstämmer med annex II-A reglerna 2006/42/EC.
 Vid ombyggnad eller förändring av ovanstående maskin upphör documentet att gälla.



Certifikat avseende Test och Kontroll

1. Namn och adress på tillverkaren	JLG INDUSTRIES, INC. 1 JLG Drive McConnellsburg, PA 17233-9533
2. Modell	2632ES
3. Serienummer	1200027507
4. Produktionsdatum	05 september 2017
5. Maximal arbetslast	230kg
6. Max. plattformshöjd	7.75
7. Max. plattformsräckvidd	N/A
8. Max. hydraultryck	152bar
9. Vid maximal last under 10min är avvikelserna max	0mm
10. Säker last (provad)	345kg
11. Vikt	2116kg

Deklaration:

Vi bekräftar härmed att den 05 september 2017 blev ovan nämnda arbetsmaskin testad och kontrollerad utan funna defekter.

Företagets adress: JLG Manufacturing Europe bvba, "Oude Bunders" 1034, Breitwaterstraat 12A, B-3630 Maasmechelen

Kontrollant: **Jo Broers**

Titel: **Plant Manager**

JLG Industries, Inc.:

David S. Ritchey,
Sr. Director of Quality Control

Anmärkning:

Arbetsplattformen får ej tas i bruk, om den inom ett år inte blivit testad och kontrollerad av en behörig person. Certifikat om godkännande skall appliceras på arbetsplattformen.

Arbetsplattformen får ej brukas, om ändringar eller större reparationer blivit utförda, utan att en ny kontroll blivit utförd av behörig



Environmental Data Sheet

Make: JLG	Machine type: Mobile Elevating Work Platform
Model: 2632ES	Year of manufacturing: 2017

POWER SOURCE

Diesel <input type="checkbox"/>	Gasoline <input type="checkbox"/>	Gas <input type="checkbox"/>	Electric <input checked="" type="checkbox"/>
Power output: 24 Volt DC		Displacement : N/A	Emission level: N/A

OIL, LUBRICATIN, LIQUID

	Type	Volume, Liter	Change every	Quality	Biodegradable
Hydraulic system	Mobile DTE 10 EXEL 15	10,6	2 years	Mineral	No
Greas Wheel Drive Hub	Mobile DTE 10 EXEL 15	0,3 L	A/R	Mineral	No

TYRES

Make: SOLIDEAL	Model/Type: Solid molded on tire	Wheel Size: 125 x406 non marking
HA oils tread: N/A	Zinc in tread: Approx 1%	Cadmium in tread: Approx 1,2%

SOUND POWER LEVEL dB(A)

	Minimum	Maximum
Measured/Guaranteed	N/A	N/A

VIBRATION

Whole-body vibration: <2.5m/s ²	Hand-arm vibration <0.5m/s ²
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PAINT, BATTERIES, RECYCLING

Percentage of water-based paint (%)	<5%
Percentage of solvent-based paint (%)	<95%
Quantity of Batteries	4
Type of Batteries	Lead acid GC-110-WNL
Quantity of marked plastic parts (%)	20 %
Percentage recyclable of machine weight	80%



JLG Industries, Inc.
1 JLG Drive
McConnellsburg, PA 17233-9533

BOOM LIFT - SCISSOR LIFT - TRAILER MOUNTED BOOM LIFT New Machine Inspection and End of Warranty Report

Serial Number: 120002750F
Machine Model: 2632ES
Hourmeter Reading: 014

JLG Account Holder Name & Address

Customer No.:

Product Owner/User Name & Address

Owner User

INSPECTION TYPE: New Machine End of Warranty

Check each item below. (Refer to Operators & Safety, Service & Maintenance Manuals for specific information regarding inspection procedures and criteria.) Indicate in the appropriate space as each item has been performed. If the item is found to be not acceptable, describe each discrepancy in the comments space at the bottom of the form. Use additional paper if necessary. Immediate action must be taken to correct all discrepancies. The Owner shall not place the machine in service until all discrepancies have been corrected.

	Y = Yes (Passed)	N = No (Failed)	C = Corrected	NA = Not Applicable	Y	N	C	NA
PLATFORM								
1. All controls operate properly.	<input checked="" type="checkbox"/>							
2. Load capacity indicator operates properly.	<input checked="" type="checkbox"/>							
3. Capacity decals in place, secure and legible.	<input checked="" type="checkbox"/>							
4. Footswitch or enable switch operates properly.	<input checked="" type="checkbox"/>							
5. Emergency stop shuts off controls and engine.	<input checked="" type="checkbox"/>							
6. Platform installed and secure.	<input checked="" type="checkbox"/>							
7. Gate, chains or bar installed; latches properly.	<input checked="" type="checkbox"/>							
8. Platform and boom leveling systems operate properly.	<input checked="" type="checkbox"/>							
9. All function and speed cut-outs operate properly.	<input checked="" type="checkbox"/>							
10. Drive Brakes operate properly.	<input checked="" type="checkbox"/>							
11. Swing Brake operates properly.	<input checked="" type="checkbox"/>							
TURNABLE/ARMS AND CHASSIS								
1. Wheel rim nuts torqued properly.	<input checked="" type="checkbox"/>							
2. Tires properly inflated.	<input checked="" type="checkbox"/>							
3. Hoses, fittings, and components tight and free of leaks.	<input checked="" type="checkbox"/>							
4. Fluid levels correct; hydraulic tank, hubs, coolant and batteries.	<input checked="" type="checkbox"/>							
5. Engine idle, throttle and RPMs set properly.	<input checked="" type="checkbox"/>							
6. Hydraulic and air filters clean.	<input checked="" type="checkbox"/>							
7. Fuel and hydraulic tank caps tight and vents open.	<input checked="" type="checkbox"/>							
8. Exhaust system free of leaks.	<input checked="" type="checkbox"/>							
9. Hood doors open and latch properly.	<input checked="" type="checkbox"/>							
10. Manual descent or auxiliary power operates properly.	<input checked="" type="checkbox"/>							

	Y = Yes (Passed)	N = No (Failed)	C = Corrected	NA = Not Applicable	Y	N	C	NA
TURNABLE/ARMS AND CHASSIS (continued)								
11. Oscillating axle operates properly.	<input checked="" type="checkbox"/>							
12. Safety props operational.	<input checked="" type="checkbox"/>							
13. Axle extension and interlocks operate properly.	<input checked="" type="checkbox"/>							
14. Outriggers/Stabilizers operate properly.	<input checked="" type="checkbox"/>							
15. Pot Hole Protection operates properly.	<input checked="" type="checkbox"/>							
16. Tongue Jack operates properly.	<input checked="" type="checkbox"/>							
17. Stow Latch operates properly.	<input checked="" type="checkbox"/>							
GENERAL								
1. All instruction & safety placards installed, secure & legible.	<input checked="" type="checkbox"/>							
2. Check all nuts and bolts for tightness.	<input checked="" type="checkbox"/>							
3. All electrical connections tight.	<input checked="" type="checkbox"/>							
4. All pins installed and secured properly.	<input checked="" type="checkbox"/>							
5. All manuals received (per manual packing list), if no, reorder immediately.	<input checked="" type="checkbox"/>							
6. Paint & overall appearance.	<input checked="" type="checkbox"/>							
7. Machine received as ordered.	<input checked="" type="checkbox"/>							
8. If machine ownership has changed complete attached Owner Update form and return to J.L.G.	<input checked="" type="checkbox"/>							
Comments:								

The undersigned certifies that this machine has been inspected, per each area of inspection, and any and all discrepancies have been brought to the attention of the Owner/User, and that all discrepancies have been corrected prior to any further use of this machine.

JLG Account Holder: Kylem ROMANOS / 09.20.17 / 09.20.17
 Authorized Signature: _____ Printed Signature: _____ Date: _____
 Authorized Signature: _____ Printed Signature: _____ Date: _____