

Cert.No: \_\_\_\_\_ **DEPARTMENT OF HOUSING, BUILDINGS, AND CONSTRUCTION**  
**Test Dates(as of today) DIVISION OF BUILDING CODE ENFORCEMENT—ELEVATOR SECTION**  
1Yr: \_\_\_/\_\_\_ 5Yr: \_\_\_/\_\_\_ 101 SEA HERO RD., STE 100, FRANKFORT, KY 40601-5412  
PHONE: 502-573-1799 FAX:502-573-1059

### REPORT OF INSPECTION AND TEST

This checklist/report is to serve only as a guide , for complete procedures & requirements refer to ASME A17.1 8.10/8.11

Operator: \_\_\_\_\_ County: \_\_\_\_\_ Make: \_\_\_\_\_ Capacity: \_\_\_\_\_ lbs.  
Address: \_\_\_\_\_ Type: ( ) Passenger ( ) Freight ( ) Escalator ( ) Dumbwaiter  
\_\_\_\_\_ ( ) Conveyor ( ) Material Lift ( ) L.U.L.A. ( ) Other \_\_\_\_\_  
Car Speeds fpm: Empty Up: \_\_\_\_\_ Empty Down: \_\_\_\_\_ Rated Load Up: \_\_\_\_\_ Rated Load Down: \_\_\_\_\_  
Type Safety Tested ( ) Type A ( ) Type B ( ) Type C ( ) Broken/Slack Rope ( ) Relief Valve ( ) Roped Hydraulic ( ) Other \_\_\_\_\_  
Type Inspection & Test ( ) Acceptance ( ) Alteration ( ) 5-yr ( ) 3-yr ( ) 1-yr ( ) construction use ( ) other

#### ONE YEAR INSPECTION & TEST OF HYDRAULIC ELEVATORS

Relief Valve Setting: \_\_\_\_\_ psi\* No-Load Pressure: \_\_\_\_\_ psi\* Working Pressure: \_\_\_\_\_ psi\* Pressure Switch Tested? ( ) Yes\* ( ) No  
Relief Valve Sealed and Tagged? ( ) Yes ( ) No\* Flexible Hose Tested? ( ) Yes No ( ) \* Flexible Hose Replacement Date: \_\_\_\_\_/\_\_\_\_\_  
Was there any change in car position not accounted for by visible oil or temperature change during the 15 minute static test? ( ) Yes\* ( ) No  
**(\*If Yes, list repairs(s) made to correct problem in the "additional comments" section at the bottom of this form.)**

#### ONE YEAR INSPECTION & TEST OF ESCALATORS & MOVING WALKS

The following has been inspected/tested to determine compliance with all code requirements:  
( ) General Fire Protection ( ) Geometry ( ) Handrails ( ) Entrance/Egress ( ) Lighting ( ) Caution Signs ( ) Combplates ( ) Deck Barricade  
( ) Skirt Panels ( ) Steps/Treadways ( ) Speed ( ) Balustrades ( ) Ceiling Intersect Guards ( ) Outdoor Protection  
All parts of Speed Governor have been inspected/tested to determine compliance with applicable Code requirements? ( ) Yes ( ) No  
Clearance between skirt and step has been inspected/tested to determine compliance with applicable Code requirements? ( ) Yes ( ) No.  
Skirt surfaces of escalators are made of or have been treated with a friction reducing material? ( ) Yes ( ) No.

#### ONE YEAR INSPECTION & TEST OF ELECTRIC ELEVATORS

All working parts of car safeties have been inspected/tested to determine conformance with applicable Code requirements? ( ) Yes ( ) No.  
All working parts of overspeed governor have been inspected/tested to determine conformance with applicable Code requirements?  
( ) Yes ( ) No.  
Car Buffer Type? ( ) oil ( ) spring. Counterweight Buffer Type? ( ) oil ( ) spring. Oil Buffer Level & Plunger return, tested? ( ) Yes ( ) No

#### FIVE YEAR (full load) INSPECTION/TEST REQUIREMENTS

(ACCEPTANCE INSPECTION/TEST REQUIREMENTS INCLUDE ONE YEAR & FIVE YEAR TESTS, COMPLETE THESE SECTIONS)  
Car Safeties tested by: ( ) Obtaining Slack in Lift Cables ( ) Overspeed of Car ( ) Tripping Governor at rated speed.  
Counterweight Safeties tested by: ( ) Obtaining Slack in Lift Cables ( ) Overspeed of Car ( ) Tripping Governor at rated speed.  
Inertia application of type "A" safeties tested? ( ) Yes ( ) No. Car Governor trips@ \_\_\_\_\_ fpm. Counterweight Governor trips@ \_\_\_\_\_ fpm.  
Car Governor Overspeed Switch trips@ \_\_\_\_\_ fpm. Counterweight Governor Overspeed Switch trips@ \_\_\_\_\_ fpm.  
Governor Rope Pull Thru force@ \_\_\_\_\_ lbs. Releasing Carrier Pull Out force@ \_\_\_\_\_ lbs. Was 125% Brake Test Performed ( ) Yes ( ) No.  
Cable Leaving Safety Drum is @ \_\_\_\_\_ inches. Turns Remaining on Safety Drum is @ \_\_\_\_\_ inches, with safety set.  
Car slid \_\_\_\_\_ inches after Safeties applied to rails (use an average of all four marks). Platform was out of level \_\_\_\_\_ inches, with safety set.  
After Safeties were fully applied, did lift cables loose traction? ( ) Yes ( ) No. Were Car/Counterweight Buffers Tested? ( ) Yes ( ) No.  
Did any damage occur as a result of this test? ( ) Yes\* ( ) No\*. **\*If yes, explain: what, cause and corrective action in Additional Comments below.**

Have all required seals & proper type tags been affixed in proper locations? ( ) Yes ( ) No. Winding Drum Machine Reshackle date \_\_\_\_\_/\_\_\_\_\_.  
Have all required **Operating & Safety devices** been inspected/tested to determine conformance with applicable Code requirements?  
( ) Yes ( ) No.  
Have all required **Seismic Protective devices** been inspected/tested to determine conformance with applicable Code requirements?  
( ) Yes ( ) No.

**Firefighters' Service** has been inspected/tested to determine conformance with applicable Code requirements? ( ) Yes ( ) No.  
**Standby Emergency Power** has been inspected/tested to determine conformance with applicable Code requirements?  
( ) Yes ( ) No ( ) N/A.

Were any violations of Code requirements and or discrepancies found? ( ) yes\* ( ) no. Were they corrected? ( ) Yes ( ) No\*.

**(\*Violations found during this test must be corrected immediately, otherwise the test is invalid!)**

This Device meets all inspection and test requirements of ASME A17, and is in satisfactory operating condition? ( ) Yes ( ) No, failed test

Person Performing Test: \_\_\_\_\_ Company \_\_\_\_\_ Test Date: Month \_\_\_\_\_/year \_\_\_\_\_

Additional Comments: \_\_\_\_\_