

Cert. No: \_\_\_\_\_ **DEPARTMENT OF HOUSING, BUILDINGS, AND CONSTRUCTION**  
Test Dates (as of today) **DIVISION OF BUILDING CODE ENFORCEMENT – ELEVATOR Branch**  
1 Yr: \_\_\_/\_\_\_ 5 Yr: \_\_\_/\_\_\_ 500 MERO STREET, FIRST FLOOR, FRANKFORT, KY 40601-1987  
PHONE: 502-573-1694 / FAX: 502-573-1695

### REPORT OF INSPECTION AND TEST

This checklist/report is to serve only as a guide, for complete procedures and 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-year ( ) 3-year ( ) 1-year ( ) 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 repair(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 correction 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: \_\_\_\_\_