

Cert. No: _____ **DEPARTMENT OF HOUSING, BUILDINGS, AND CONSTRUCTION**
Test Dates (as of today) **DIVISION OF BUILDING CODE ENFORCEMENT – ELEVATOR SECTION**
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: _____

