

## ELEVATOR INSPECTION PROGRAM Traction Elevator Safety Test Report

General Information	Building Name:		Manufacturer:				OPS Conveyance #: CP	
	Address:		Install Date:				Local Conveyance ID:	
	City:	Zip Code:	Capacit	city (lbs): Stops: Job/Contract #:				
	Rated Speed (fpm): Inspector Present?   Yes  No If Y				es, inspector signs report Duty: □ Passenger □ Freight			
	Test Date:							
Governor	Mechanical & visual check of governor operation: ☐ Pass ☐ Fa			Fail	Governor tripping speed: ☐ Pass ☐ Fail			
	Speed at which governor tripped: ☐ Pass ☐ Fail				Governor over-speed switch tripping speed: ☐ Pass ☐ Fail			
	Slack rope device (winding drum machines): ☐ Pass ☐ Fail ☐			□NA	Tripping speed setting in need of adjustment? ☐ Yes ☐ No			
	Governor rope pull-through force (lbf):				Governor adjustments sealed? ☐ Yes ☐ No			
Safeties	Type of safety: □ A □ B □ C Type C safety buffer oil loss? □ Yes □ No □ NA				Braking system (125% rated load): ☐ Pass ☐ Fail			
	Car safety, no load, slow speed: ☐ Pass ☐ Fail CV			CW safe	N safety, no load, slow speed: ☐ Pass ☐ Fail ☐ NA			
	Car safety, full load, rated speed: ☐ Pass ☐ Fail C\			CW safe	W safety, no load, rated speed: ☐ Pass ☐ Fail ☐ NA			
	Slide of safety jaws on rail (in): Car: CW: Elevator out of level after safety test? ☐ Yes ☐ No							
Safety Devices	Stop switches: In car: ☐ Pass ☐ Fail Pit: ☐ Pass ☐ Fail Top of car: ☐ Pass ☐ Fail							
	Stop switch in machine room/space or control space: ☐ Pass ☐ Fail ☐ NA						ch contact: ☐ Pass ☐ Fail ☐ NA	
	Directional & final limits: Up: ☐ Pass ☐ Fail Down: ☐ Pass ☐ Fa				ail Emergency limits: Up: □ Pass □ Fail Down: □ Pass □ Fail			
	Broken rope, tape or chain switch tested: ☐ Pass ☐ Fail ☐ NA							
	Ascending car over-speed protection and unintended car movement (no load / up direction) (Cat 1 Only):   Pass   Fail   NA							
	Broken suspension member & residual strength detection means:   Pass Pail NA							
	E/E/PES electrical protective devices operate   Maintenance company has provided a written checkout procedure & demonstrated that							
	as intended: ☐ Pass ☐ Fail ☐ N/A							
Buffers	Type: ☐ Spring ☐ Solid ☐ Oil Bu				uffer data plate in place? ☐ Yes ☐ No			
	Car buffer rated load, rated speed: ☐ Pass ☐ Fail			Exces	Excessive buffer oil leakage? ☐ Yes ☐ No			
	CWT buffer no load, rated speed: ☐ Pass ☐ Fail			Car o	Car oil buffer return (90 seconds): ☐ Pass ☐ Fail ☐ NA			
	CW buffer return (90 seconds): ☐ Pass ☐ Fail ☐ NA Bu				ffer switch: ☐ Pass ☐ Fail Test tags installed? ☐ Yes ☐ No			
Doors and Power Down	Closing force (max. 30 lbf):	Safety edge: [	∃ Pass	☐ Fail	□ NA		Door guides: ☐ Pass ☐ Fail	
	Closing time (sec): Electronic edge/photo eye: $\square$ Pass $\square$ Fail $\square$ NA Interlocks/gate switch/door restriction: $\square$ Pass $\square$ Fail							
	Proper fuses installed?				s □ No Wire connections tight? □ Yes □ No			
	Controller Clean? ☐ Yes ☐ No Relay(s) visually inspected? ☐ Yes ☐ No							
Emergency Operations	Phase I recall:   Pass Fail NA Phase I fire service instruction signage in place? [					ge in place? □ Yes □ No □ NA		
	Phase II operation: ☐ Pass ☐ Fail ☐ NA Phase II f			II fire se	fire service instruction signage in place? ☐ Yes ☐ No ☐ NA			
	Emergency communication: ☐ Pass ☐ Fail ☐ NA			Alarm	Alarm bell: ☐ Pass ☐ Fail			
	Standby or emergency power operation: ☐ Pass ☐ Fail ☐ NA Note: 125% of rated load is not required							
J.	Logs updated with this event? ☐ Yes ☐ No Test tag installed? ☐ Yes ☐ No							
Other	All Test Requirements							
Signatures	By signing below I certify all statements are true to the best of my knowledge and that all testing was performed according to current adopted codes.							
	Mechanic name:			Contr	Contractor company name:			
	Mechanic signature:			Date:	Date: State license #:			
	Inspector name:			Inspe	nspection company name:			
	Inspector signature:			Date:			State license #:	