

# Platform Lift Safety Test Report

General Information	Building Name:		Manufacturer:		OPS Conveyance #: CP-		
	Address:		Install Date:		Local ID:		
	City:	Zip Code:	Capacity (lbs):	Stops:	Job/Contract #:		
	Test Date:		Inspector Present? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, inspector signs report			Rated Speed (fpm):	
	Type of test: <input type="checkbox"/> Acceptance <input type="checkbox"/> Witnessed <input type="checkbox"/> 3 Year Test <input type="checkbox"/> 5 Year Test <input type="checkbox"/> 6 Year Test <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor *Note: Category tests are required every 5 years for lifts installed indoors and every 3 years for lifts installed outdoors. Witnessing is required every 5 years for indoor lifts and every 6 years for outdoor lifts.						
	Type of Lift: <input type="checkbox"/> Vertical Platform Lift <input type="checkbox"/> Inclined Platform Lift <input type="checkbox"/> Other:			Short-Circuit Current Field Marking <input type="checkbox"/> Yes <input type="checkbox"/> No NFPA 70 620.51(D)(2) (*Acceptance only)			
	Driving Means: <input type="checkbox"/> Winding Drum <input type="checkbox"/> Traction <input type="checkbox"/> Roped sprocket <input type="checkbox"/> Chained sprocket <input type="checkbox"/> Screw <input type="checkbox"/> Rack and pinion <input type="checkbox"/> Direct plunger hydraulic <input type="checkbox"/> Roped hydraulic <input type="checkbox"/> Level hydraulic <input type="checkbox"/> Friction <input type="checkbox"/> Other:						
	Type of Safeties: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Drum <input type="checkbox"/> Other:						
Tested Components	<b>Regardless of the installation date of the platform lift, the items below must be tested and meet the requirements of ASME A18.1 and current State Regulations.</b>				<b>A18.1 Section</b>	<b>Test Result</b>	
	Hydraulic cylinders –Cylinders not exposed; static test 15 min. Verify if platform position changed				10.3.1.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Safeties – Type A and B safeties are tested with rated load. (Acceptance and Witnessed)				10.3.3.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Governors				10.3.3.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Normal and final terminal stopping devices				10.3.1.5	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Flexible hose, Steel Piping and fittings (shall meet requirements of 8.1.7.2.)				10.2.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Broken rope, tape, or chain switch (the switch that senses failure of the connection)				10.3.1.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Slack-rope devices on winding drum and roped-hydraulic machines				10.3.1.4 & 10.3.1.7	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Braking System – Test with 125% of rated load (capacity) (Acceptance and Witnessed)				10.3.3.3	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Stopping Devices (normal/terminal) – Test 125% rated load for bottom and no load for top.				10.4.5	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Ropes and Fastenings				10.3.3.4	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Rated speed in up direction and down direction				10.4.8	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Manual operation (required on all lifts, unless standby(emergency) power is provided)				2.10.10	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Door interlocks/gate switches(Shall meet requirements of sections 2 through 4)				10.2.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Emergency stop switch (2.10.6 for Vertical platform lifts and 3.10.6 for inclined platform lifts)				10.2.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Emergency signals (2.11 for vertical platform lifts and 3.11 for Inclined platform lifts)				10.2.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Emergency Power (Required since 2005) Required if lift is part of the "Means of Egress" that is required by IBC.				2.12	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Need to return; Second form	
	Battery Lowering: (*required if emergency power is not provided, as of 2005)				2.12.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Other	Signage with MCP location (per state regs 2-3-3-3b): <input type="checkbox"/> Yes <input type="checkbox"/> No		MCP logs updated: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test tags Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>All Test Requirements <input type="checkbox"/> Pass* <input type="checkbox"/> Fail</b> *Pass may be checked only if all items on this test form meet adopted code 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:			Contractor company name:			
	Mechanic signature:		Date:	State license #:		License Exp:	
	Inspector name:			Inspection company name:			
	Inspector signature:		Date:	State license #:		License Exp:	