

**ELEVATOR INSPECTION PROGRAM**

Roped Hydraulic Elevator Safety Test Report

General Information	Building Name:		Manufacturer:		OPS Conveyance #: CP	
	Address:		Install Date:		Local Conveyance ID:	
	City:	Zip Code:	Capacity (lbs):	Stops:	Job/Contract #:	
	Rated Speed (fpm):	Inspector Present? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, inspector signs report			Duty: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight	
	Test Date:	Type of test: <input type="checkbox"/> Acceptance <input type="checkbox"/> Annual (Cat 1) <input type="checkbox"/> Witnessed (Cat 1 or 5)			Freight Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
Relief Valve	Piston Diameter (in):		Relief valve setting (psi): (set at 150% or less of working pressure)		Adjustment needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	No load working pressure (psi):		Full load working pressure (psi):		Adjustment sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety/Governor	Mechanical and Visual Check of Governor Operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A					
	Governor Overspeed Switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A Cat 1)				Speed When Switch Activated: (<input type="checkbox"/> N/A Cat 1)	
	Governor Tripping Speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A CAT 1)					
	Car Safeties: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (Rated Load Required for Acceptance and Cat 5 Non-Rated Load Cat 1)					
	Slack Rope Switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Over-speed Valve Operational: <input type="checkbox"/> Yes <input type="checkbox"/> No (<input type="checkbox"/> N/A Cat 1)			
Power down Static Tests	All hydraulic system visible: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, skip the static test.</small>		Proper fuses installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Connections tight? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elapsed time (min): <input type="checkbox"/> N/A (If static tests are 15min test not required)		Controller clean? <input type="checkbox"/> Yes <input type="checkbox"/> No		Change in car position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, distance (in):	
	Oil loss accounted for? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Jumpers removed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	NOTE: If any oil loss cannot be accounted for, the elevator must be removed from service and the Authority Having Jurisdiction must be notified.					
Safety Devices	Stop switches: In car: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Pit: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Top of car: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	Directional limits: Up: <input type="checkbox"/> Pass <input type="checkbox"/> Fail Down: <input type="checkbox"/> Pass <input type="checkbox"/> Fail					
	Low-oil protection: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A (Code Year 1993)		Low oil pressure switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A if cylinder is below storage tank; Code year 1981)		Escape hatch contact: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Re-level during manual lowering: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		All electrical protective safety devices operate as intended: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (Code reference A17.1 2.26.2)			
Doors	Closing force (max. 30 lbf):		Safety edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Door monitoring: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A prior to 2019)	
	Closing time (sec):	Door interlocks/gate switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Interlocks/gate switches (2" max opening at car door interlock): <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
	Electronic edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Door guides: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Door restriction: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Emergency Operations	Phase I Recall: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A (Code reference 8.6)			Fire service signage in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	Phase II Operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			Test Phase 1 inputs to elevator control: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
	Emergency communication: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Alarm bell: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Emergency lights: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Emergency power operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Need to return; second form <small>Note: 125% of rated load required at acceptance only</small>				Battery lowering: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Other	MCP logs updated? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Per State Regs 2-3-3-3c)</small>		Short-Circuit Current Field Marking <input type="checkbox"/> Yes <input type="checkbox"/> No <small>NFPA 70-620.51 (D) (2) *checked at acceptance only <input type="checkbox"/> N/A</small>		Test tag installed? <input type="checkbox"/> Yes <input type="checkbox"/> No Working pressure marking plate <input type="checkbox"/> Yes <input type="checkbox"/> No	
	All Test Requirements <input type="checkbox"/> Pass* <input type="checkbox"/> Fail *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: