



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:	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 <input type="checkbox"/> MRL	
	Test Date:	Type of test: <input type="checkbox"/> Acceptance <input type="checkbox"/> Annual (Cat 1) <input type="checkbox"/> Witnessed (Cat 5)			Freight Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
Governor	Mechanical & visual check of governor operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			Governor tripping speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A Cat 1 Only)			
	Governor over-speed switch tripping speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A prior to 2000)				Actual Tripping Speed:		
	Governor rope pull-through force (lbf): <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A Cat 1 Only)			Governor adjustments sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Safeties	Type of safety: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Type C safety buffer oil loss? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Braking system(125% rated load): <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		
	Car safety, no load, slow speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			CW safety, no load, slow speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Car safety, full load, rated speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			CW safety, no load, rated speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Slide of safety jaws on rail (in): Car:		CW: (<input type="checkbox"/> N/A Cat 1)		Elevator out of level after safety test? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		
	Stop switch in machine room/space or control space: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			Escape hatch contact: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Directional limits: Up: <input type="checkbox"/> Pass <input type="checkbox"/> Fail Down: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			Final limits: Up: <input type="checkbox"/> Pass <input type="checkbox"/> Fail Down: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
	NTSD: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	ETSD: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		ETSD Means: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A for cars not exceeding 200ft per minute)			
	Broken rope, tape or chain switch tested: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			Traction-loss detection means: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A prior to 2010)			
	Ascending car over-speed protection: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A prior to 2000)			Unintended car movement: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A prior to 2000)			
	Broken suspension member & residual strength detection means: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			Slack rope device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <small>(winding drum machines)</small>			
All electrical protective safety devices operate as intended: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (code reference A17.1 2.26.2)							
Buffers	Type: <input type="checkbox"/> Spring <input type="checkbox"/> Solid <input type="checkbox"/> Oil <input type="checkbox"/> Spring Oil Return			Oil Buffer data plate in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	Car oil buffer rated load, rated speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			Excessive buffer oil leakage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	CWT oil buffer no load, rated speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			Car oil buffer return (90 seconds): <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	CW oil buffer return (90 sec): <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Buffer switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Oil Buffer tags installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Doors and Power Down	Closing force (max. 30 lbf):		Closing time (sec):		Door monitoring: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A prior to 2019)		
	Electronic edge/photo eye: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Door restriction: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Door guides: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
	Mechanical safety edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Interlocks/gate switches: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Controller Clean? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Proper fuses installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Jumpers removed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Wire connections tight? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Operations	Phase I recall: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			Fire service instruction 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			Remove fire contacts to test fire service: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	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		
	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</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 (Per State Regs 2-3-3-3c)				Test tag installed? <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 #:		
	Inspector name:			Inspection company name:			
Inspector signature:		Date:		State license #:			