



# ELEVATOR INSPECTION PROGRAM

## 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 <input type="checkbox"/> MRL	
	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):				Adjustment sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Full load working pressure (psi): <span style="float:right;">(<input type="checkbox"/> N/A performed at acceptance tests only)</span>					
	Plunger Gripper operational (rated load)? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <input type="checkbox"/> N/A Cat 1 only)		Over-speed valve operational? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <input type="checkbox"/> N/A Cat 1 only)			
Power down Static Tests	All hydraulic system visible: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, skip the static test section</small>		Proper fuses installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Connections tight? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Controller clean? <input type="checkbox"/> Yes <input type="checkbox"/> No		Jumpers removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elapsed time (min): <small>Static tests are 15min</small>		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 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: <b>In car:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <b>Pit:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <b>Top of car:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail					
	Directional limits: <b>Up:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <b>Down:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <b>Final limits:</b> <b>Up:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <b>Down:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A					
	Low-oil protection: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A (Code year 1993)			Escape hatch contact: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		
	Low Pressure switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <small>(<input type="checkbox"/> N/A If cylinder is below storage tank; Code year 1981)</small>			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):		Mechanical edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Electronic edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Closing time (sec):		Door monitoring: <input type="checkbox"/> Pass <input type="checkbox"/> Fail ( <input type="checkbox"/> N/A prior to 2019)			
	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		Door interlocks/gate switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
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			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			Emergency lights: <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 power operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <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	
	<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 #:
	Inspector name:			Inspection company name:		
	Inspector signature:			Date:		State license #: