



ELEVATOR INSPECTION PROGRAM

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 <small>*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.</small>					
	Type of Lift: <input type="checkbox"/> Vertical Platform Lift <input type="checkbox"/> Inclined Platform Lift <input type="checkbox"/> Other:					
	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	Regardless of the installation date of the platform lift, the items below must be tested and meet requirements of ASME A18.1 and current State Regulations.		A18.1 Section	Test Result
	Hydraulic cylinders – Cylinders not exposed must be tested		10.2.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Safeties – Type A and B safeties are tested with no load		10.2.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Governors		10.2.3	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Normal and final stopping devices		10.2.5	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Flexible hose and fittings		10.2.1.1	<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)		10.2.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Slack-rope devices on winding drum machines		10.2.7	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Braking System – Test with 125% of rated load (capacity)		10.3.1.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Stopping Devices (normal/terminal) – Test with 125% of rated load		10.3.4.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Ropes and Fastenings		10.1.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Rated speed in up direction		10.3.4.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Rated speed in down direction		10.3.4.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Door interlocks/gate switches		10.1.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Emergency stop switch		10.1.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Emergency signals		10.1.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Emergency power operation: (required since 2005)		2.12	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
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: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(per State Regs 2-3-3-3b)</small>		MCP logs updated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Test tags 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 #:	