



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? Yes No If Yes, inspector signs report			Duty: Passenger 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: A B C	
Relief Valve	Piston Diameter (in):		Relief valve setting (psi): (set at 150% or less of working pressure)		Adjustment needed? Yes No		
	No load working pressure (psi):		Full load working pressure (psi): (<input type="checkbox"/> N/A Acceptance Only)		Adjustment sealed? Yes No		
Safeties/ Governor	Mechanical and Visual Check of Governor Operation: Pass 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:			
	Governor Tripping Speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A Cat 1)						
	Car Safeties: Pass Fail (Rated Load Required for Acceptance and Cat 5 Non-Rated Load Cat 1)						
	Slack Rope Switch: Pass Fail N/A			Over-speed Valve Operational: Yes 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 section</small>		Proper fuses installed? Yes No		Connections tight? Yes No		
	Elapsed time (min): <small>Static tests are 15min</small>		Controller clean? Yes No		Change in car position? Yes No If yes, distance (in):		
	Oil loss accounted for? Yes 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: In car: Pass Fail		Pit: Pass Fail		Top of car: Pass Fail		
	Directional limits: Up: Pass Fail Down: Pass Fail		Final limits: Up: Pass Fail <input type="checkbox"/> N/A Down: Pass Fail <input type="checkbox"/> N/A				
	Low-oil protection: Pass Fail N/A (Code year 1993)		Low oil pressure switch: Pass Fail (<input type="checkbox"/> N/A if cylinder is below storage tank; Code year 1981)		Escape hatch contact: Pass Fail N/A		
	Re-level during manual lowering: Pass Fail 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: Pass Fail N/A		Door interlocks/gate switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
	Closing time (sec):	Electronic edge: Pass Fail 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: Pass Fail 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: Pass Fail N/A			Remove fire contacts to test fire service: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Emergency communication: Pass Fail N/A		Alarm bell: Pass Fail N/A		Emergency lights: Pass Fail 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 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 (Per State Regs 2-3-3-3c)			Test tag installed? Yes No			
	All Test Requirements Pass* 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 #:	