



ELEVATOR INSPECTION PROGRAM

Emergency Power 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"/> Annual (Cat 1) <input type="checkbox"/> Witnessed (Cat 5)				Freight Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
1	<p>The operation of the emergency power system (EPS) shall be tested during the inspection of the last elevator by providing an input from the emergency generator, to demonstrate compliance to section 2.27.2. This can be demonstrated either by:</p> <p>a) switching over to generator power or</p> <p>b) activating the input at the transfer switch (while on normal power) or simulating a switch over to EP by activating the input at the elevator controller.</p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail</p>						
2	<p>During the EPS Test, all elevators were returned to the recall level at least one at a time.(2.27.2.1)</p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail</p>						
3	<p>Verify an illuminated signal marked "ELEVATOR EMERGENCY POWER" indicating elevators on emergency power is located in the elevator lobby at the designated level. (2.27.2.3)</p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A Not Required Prior to 2000)</p>						
4	<p>Note: When the emergency power system is not capable of operating all elevators simultaneously; Verify selector switch(es) marked "ELEVATOR EMERGENCY POWER" (red lettering a minimum of 5 mm). (2.27.2.4.1)</p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A</p>						
5	<p>Verify operation by Fire Service key(2.27.8)</p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail</p>						
6	<p>Verify selector switch(es) corresponds to elevator identification number and includes an "AUTO" position if required. (2.27.2.4.2)</p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A</p>						
7	<p>Verify switch(es) is located at designated level, or if elsewhere, means is provided to indicate elevators are at the designated level and doors are open. (2.27.2.4.3)</p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A</p>						
8	<p>With the selector switch in the "AUTO" position:</p> <p>Verify automatic power selection returns each elevator not on designated attendant operation, inspection operation, or Phase II In-Car Emergency Operation. (2.27.2.4.4)</p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A</p>						
9	<p>Verify that during auto selection if a car does not move for 20 to 30 seconds the next car will be selected. After all cars have been selected, any cars that failed to move will be selected one more time. (2.27.2.4.4)</p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A</p>						
10	<p>Verify the individual selector switch(es) positions override automatic power selection and power is not removed until a car is stopped. (2.27.2.4.5)</p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A</p>						
Emergency power operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			MCP logs updated? <input type="checkbox"/> Yes <input type="checkbox"/> No (Per State Regs 2-3-3-3c)				
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 #:	