



**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	<b>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.</b>				<b>A18.1 Section</b>	<b>Test Result</b>		
	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 <input type="checkbox"/> Need to return; Second form		
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 (per state regs 2-3-3-3b): <input type="checkbox"/> Yes <input type="checkbox"/> No		MCP logs updated: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test tags 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 #:			