



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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, inspector signs report			Duty: <input type="checkbox"/> Passenger <input type="checkbox"/> 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: <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):		Full load working pressure (psi):		(<input type="checkbox"/> N/A Acceptance Only) Adjustment sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Safeties/ Governor	Mechanical and Visual Check of Governor Operation: <input type="checkbox"/> Pass <input type="checkbox"/> 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: (<input type="checkbox"/> N/A Cat 1)			
	Governor Tripping Speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A Cat 1)						
	Car Safeties: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (Rated Load Required for Acceptance and Cat 5 Non-Rated Load Cat 1)						
	Slack Rope Switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			Over-speed Valve Operational: <input type="checkbox"/> Yes <input type="checkbox"/> 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.</small>		Proper fuses installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Connections tight? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Elapsed time (min): <input type="checkbox"/> N/A (If static test not required) <small>Static tests are 15min</small>		Controller clean? <input type="checkbox"/> Yes <input type="checkbox"/> No		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: In car: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Pit: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Top of car: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
	Directional limits: Up: <input type="checkbox"/> Pass <input type="checkbox"/> Fail Down: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Final limits: Up: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A Down: <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)		Low oil pressure switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A if cylinder is below storage tank; Code year 1981)		Escape hatch contact: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		
	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):		Safety edge: <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		
	Closing time (sec):		Door monitoring: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A prior to 2019)				
	Electronic edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> 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: <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		Alarm bell: <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		
	Emergency power operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Need to return; Second form Note: 125% of rated load required at acceptance only				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			
	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 #:		