



ELEVATOR INSPECTION PROGRAM

# Escalator and Moving Walk Safety Test Report

General Information	Building Name:		Manufacturer:		OPS Conveyance #: CP		
	Address:		Job/Contract #:		Local Conveyance ID:		
	City:		Zip Code:	Escalator Serves Levels ____ to ____			
	Test Date:	Normal Direction of Travel: <input type="checkbox"/> Up <input type="checkbox"/> Down <input type="checkbox"/> Up and Down					
	Year listed on code data plate:		Year of Installation:		Total travel (ft):	Rated speed (fpm):	
Step Skirt Performance Index	Does this unit have skirt deflection devices? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is all test equipment calibrated and current? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Has the escalator skirt been cleaned in preparation of the test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the unit tested in the normal direction of travel? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	The test was performed according to requirements of ASME A17.1 Sections 6.1.3.3.9, 8.6.8.3 and 8.11.4.2.19.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Step/Skirt Performance Index measurements? (Identified when looking up from the bottom on the unit.)		Left: #1:                    #2:	Right: #1                    #2:			
	Is a skirt deflector required? Choose ONE of the following (ASME A17.1 2007 Item 8.6.8.3.3)						
	<input type="checkbox"/> Condition 1, a skirt deflector is not required: The index is $\leq 0.15$						
	<input type="checkbox"/> Condition 2, a skirt deflector is required: The escalator was installed prior to October 4, 2002 and the index is $> 0.15$ and $\leq 0.4$						
<input type="checkbox"/> Condition 3, a skirt deflector is required: The escalator was installed after October 4, 2002 and the index is $> 0.15$ and $\leq 0.25$							
For escalators installed after January 31, 2001, is the loaded gap measurement $\leq 5$ mm or 0.2 in.?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Have all readouts for each test been properly labeled, dated and attached to this form?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Escalators Safety Switches and Devices	All fields must be marked as Pass, Fail or if a safety device is not provided on the unit being tested, the field shall be marked as Not Applicable (N/A).						
	Brake Lining Condition:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Machine Space Light:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Broken Drive Chain Device:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Machine Space Stop Switch:		Top: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A Bottom: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Broken Step Chain:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Missing Step Device:			<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Comb Step Impact Devices:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Reversal Stop Device:			<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Demarcation Lighting:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Reverse Phase Relay:			<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Disconnected Motor Device:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Heater / Drain Exterior			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Variable Speed Device:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Signage:			<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Chain Tension:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Skirt Switches:			<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Emergency Stop Buttons:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Speed Governor:			<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Handrail Chain Tension:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Step Chain Tension:			<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Handrail Entry Device:		Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Step Level Device:			<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Handrail Monitoring Device:		Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Step Rollers:			<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Landing Plate Switch:		Top: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A Bottom: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Step Upthrust Device - Top:		Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Lockable Disconnect/Circuit Breaker:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Step Upthrust Device - Bottom:		Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Machinery Space Cover Switch:		Top: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A Bottom: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Tandem Operation Interlock Device:			<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					
<b>All Test Requirements</b> <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 #:				