

Hydraulic Elevator Safety Test Report

All boxes must be checked or test form will be rejected.
 Double check test form to ensure it is completed.

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"/> 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):					Adjustment sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Full load working pressure (psi):		(□ N/A performed at acceptance tests only)			
	Plunger Gripper operational (rated load)? <input type="checkbox"/> Yes <input type="checkbox"/> No (□ N/A Cat 1 only)		Over-speed valve operational? <input type="checkbox"/> Yes <input type="checkbox"/> No (□ N/A Cat 1 only)			
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	
			Controller clean? <input type="checkbox"/> Yes <input type="checkbox"/> No		Jumpers removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elapsed time (min): <small>□ N/A (If static test is not required Cylinders are exposed)</small>		Change in car position? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, distance (in):</small>			
	Oil loss accounted for? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <small>NOTE: If any oil loss cannot be accounted for, the elevator must be removed from service and the Authority Having Jurisdiction must be notified.</small>					
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					
	Low-oil protection: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A (Code year 1993)		Escape hatch contact: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Low Pressure switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (□ N/A If cylinder is below storage tank; Code year 1981)		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):		Mechanical edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Electronic edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Closing time (sec):		Door monitoring: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (□ N/A prior to 2019)			Door restriction: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	Door guides: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Door interlocks/gate switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Interlocks/gate switches (2" max opening at car door interlock): <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Emergency	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			Test Phase 1 input to the elevator control: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
	Emergency communication: <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		Alarm bell: <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			Battery lowering: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		
	Witness Test Only					
Other	Short-Circuit Current Field Marking Plate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <small>NFPA 70 620.51(D)(2) N/A only for install before 2017</small>			Short circuit rating at controller: Fault current at disconnecting means:		
	Working pressure marking plate <input type="checkbox"/> Yes <input type="checkbox"/> No		MCP logs updated? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Per State Regs 2-3-3-3c)</small>		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.					
	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.					
Signatures	Mechanic name:		Contractor company name:			
	Mechanic signature:		Date:	State license#		License Exp:
	Inspector name:		Inspection company name:			
	Inspector signature:		Date:	State License#		License Exp: