



# Platform Lift 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 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					
	*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.					
	Type of Lift: <input type="checkbox"/> Vertical Platform Lift <input type="checkbox"/> Inclined Platform Lift <input type="checkbox"/> Other:			Short-Circuit Current Field Marking <input type="checkbox"/> Yes <input type="checkbox"/> No NFPA 70 620.51(D)(2) (*Acceptance only)		
	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	Regardless of the installation date of the platform lift, the items below must be tested and meet the requirements of ASME A18.1 and current State Regulations.				A18.1 Section
Hydraulic cylinders –Cylinders not exposed; static test 15 min. Verify if platform position changed				10.3.1.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Safeties – Type A and B safeties are tested with rated load. (Acceptance and Witnessed)				10.3.3.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Governors				10.3.3.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Normal and final terminal stopping devices				10.3.1.5	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Flexible hose, Steel Piping and fittings (shall meet requirements of 8.1.7.2.)				10.2.2	<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)				10.3.1.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Slack-rope devices on winding drum and roped-hydraulic machines				10.3.1.4 &10.3.1.7	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Braking System – Test with 125% of rated load (capacity) (Acceptance and Witnessed)				10.3.3.3	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Stopping Devices (normal/terminal) – Test 125% rated load for bottom and no load for top.				10.4.5	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Ropes and Fastenings				10.3.3.4	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Rated speed in up direction and down direction				10.4.8	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Manual operation (required on all lifts, unless standby(emergency) power is provided)				2.10.10	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Door interlocks/gate switches(Shall meet requirements of sections 2 through 4)				10.2.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Emergency stop switch (2.10.6 for Vertical platform lifts and 3.10.6 for inclined platform lifts)				10.2.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Emergency signals (2.11 for vertical platform lifts and 3.11 for Inclined platform lifts)				10.2.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Emergency Power (Required since 2005) Required if lift is part of the "Means of Egress" that is required by IBC.				2.12	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Need to return; Witness Test Only	
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	Short-Circuit Current Field Marking Plate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			Short circuit rating at controller: N/A only for install before 2017		
	N/A only for install before 2017			Fault current at disconnecting means:		
	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</b> <input type="checkbox"/> <b>Pass*</b> <input type="checkbox"/> <b>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 #:		License Exp:
	Inspector name:		Inspection company name:			
Inspector signature:		Date:	State license #:		License Exp:	