



# Roped 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                                  |  |
|                         | 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):<br>(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):   |  | Adjustment sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| Safety/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<br>If yes, skip the static test.   |   | 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  |  | Change in car position? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
|                         | Elapsed time (min): <input type="checkbox"/> N/A (If static tests are 15min test not required)  |   | Jumpers removed? <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<br>NOTE: If any oil loss cannot be accounted for, the elevator must be removed from service and the Authority Having Jurisdiction must be notified. |   |   |  |  |  |  |
|                         | Stop switches: <b>In car:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <b>Pit:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <b>Top of car:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail                  |   |   |  |  |  |  |
| Safety Devices          | Directional limits: <b>Up:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <b>Down:</b> <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)   |   | Low oil pressure switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail<br>( <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<br>(Code reference A17.1 2.26.2)                |  |  |  |  |
|                         | Closing force (max. 30 lbf):  |   | Safety edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A   |  | Door monitoring: <input type="checkbox"/> Pass <input type="checkbox"/> Fail ( <input type="checkbox"/> N/A prior to 2019)   |  |  |
|                         | Closing time (sec):   |   | 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 Operations    | 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                   |  |  |
|                         | 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 inputs to 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   |   |   | 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<br>Note: 125% of rated load required at acceptance only   |   |   | <input type="checkbox"/> Need to return; Second Form Witness Test Only   |  | Battery lowering: <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<br>NFPA 70-620.51 (D) (2)<br>N/A only for install before 2017  |   |   | Short circuit rating at controller:  |  | Fault current at disconnecting means:  |  |
|                         | MCP logs updated? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(Per State Regs 2-3-3-3c)   |   | Working pressure marking plate <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Test tag 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:   |  |  |