



ELEVATOR INSPECTION PROGRAM

Traction 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 <input type="checkbox"/> MRL
	Test Date:	Type of test: <input type="checkbox"/> Acceptance <input type="checkbox"/> Annual (Cat 1) <input type="checkbox"/> Witnessed (Cat 5)			Freight Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Governor	Mechanical & visual check of governor operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			Governor tripping speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A Cat 1 Only)	
	Governor over-speed switch tripping speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A prior to 2000)			Actual Tripping Speed:	
	Governor rope pull-through force (lbf): <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A Cat 1 Only)			Governor adjustments sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Safety Devices	Type of safety: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Type C safety buffer oil loss? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Braking system(125% rated load): <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Car safety, no load, slow speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		CW safety, no load, slow speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		
	Car safety, full load, rated speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		CW safety, no load, rated speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		
	Slide of safety jaws on rail (in): Car: CW: (<input type="checkbox"/> N/A Cat 1)		Elevator out of level after safety test? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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	
	Stop switch in machine room/space or control space: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			Escape hatch contact: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	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 Down: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	NTSD: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	ETSD: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A for cars not exceeding 200 ft per minute)			
	Broken rope, tape or chain switch tested: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Traction-loss detection means: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A prior to 2010)		
	Ascending car over-speed protection: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A prior to 2000)		Unintended car movement: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A prior to 2000)		
	Broken suspension member & residual strength detection means: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			Slack rope device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A (winding drum machines)	
	All electrical protective safety devices operate as intended: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (code reference A17.1 2.26.2)				
	Buffers	Type: <input type="checkbox"/> Spring <input type="checkbox"/> Solid <input type="checkbox"/> Oil <input type="checkbox"/> Spring Oil Return		Oil Buffer data plate in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Car oil buffer rated load, rated speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Excessive buffer oil leakage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CWT oil buffer no load, rated speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Car oil buffer return (90 seconds): <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
CW oil buffer return (90 sec): <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Buffer switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Buffer marking plate installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Doors and Power	Closing force (max. 30 lbf):		Closing time (sec):		Door monitoring: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (<input type="checkbox"/> N/A prior to 2019)
	Electronic edge/photo eye: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		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
	Mechanical safety edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Interlocks/gate switches (2 inch max opening at car door interlock): <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
	Controller Clean? <input type="checkbox"/> Yes <input type="checkbox"/> No		Proper fuses installed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Jumpers removed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Wire connections tight: <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency	Phase I recall: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <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 the elevator control: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Fire service instruction signage in place: <input type="checkbox"/> Yes <input type="checkbox"/> No <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	
	Emergency power operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		<input type="checkbox"/> Need to return; Second form <small>Note: 125% of rated load required at acceptance</small>	Witness Test Only	
Other	Short-Circuit Current Field Marking: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Short circuit rating at controller: <input type="checkbox"/> Fault current at disconnecting means: <small>NFPA 70-620.51 (D) (2) *N/A only for install before 2017</small>		
	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 #:	License Exp:
	Inspector name:		Inspection company name:		
	Inspector signature:		Date:	State license #:	License Exp:

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

Revised 12/2025 - Effective January 1, 2026