Escalator and Moving Walk Safety Test Report

Northwest Colorado COUNCIL OF GOVERNMENTS — ELEVATOR INSPECTION PROGRAM

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:	Job/Contract #:	Local Conveyance ID:
City:	Zip Code:	Escalator Serves Levels _____ to _____
Test Date:	Normal Direction of Travel: ☐ Up ☐ Down ☐ 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? ☐ Yes ☐ No	Is all test equipment calibrated and current? ☐ Yes ☐ No
Has the escalator skirt been cleaned in preparation of the test? ☐ Yes ☐ No	Was the unit tested in the normal direction of travel? ☐ Yes ☐ 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. ☐ Yes ☐ 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 2022 Item 8.6.8.3.3)

☐ Condition 1, a skirt deflector is not required: The index is ≤ 0.15
☐ Condition 2, a skirt deflector is required: The escalator was installed prior to October 4, 2002 and the index is ≤ 0.4 (6.1.3.3.8)
☐ Condition 3, a skirt deflector is required: The escalator was installed after October 4, 2002 and the index is ≤ 0.25 (6.1.3.3.10)

For escalators installed after January 31, 2001, is the loaded gap measurement ≤ 5 mm or 0.2 in.? ☐ Yes ☐ No ☐ N/A

Have all readouts for each test been properly labeled, dated and attached to this form? ☐ Yes ☐ 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).

Item	Result	Item	Result
Brake Lining Condition:	☐ Pass ☐ Fail ☐ N/A	Machine Space Light:	☐ Pass ☐ Fail ☐ N/A
Broken Drive Chain Device:	☐ Pass ☐ Fail ☐ N/A	Machine Space Stop Switch: Top: / Bottom:	☐ Pass ☐ Fail ☐ N/A / ☐ Pass ☐ Fail ☐ N/A
Broken Step Chain:	☐ Pass ☐ Fail ☐ N/A	Missing Step Device:	☐ Pass ☐ Fail ☐ N/A
Comb Step Impact Devices:	☐ Pass ☐ Fail ☐ N/A	Reversal Stop Device:	☐ Pass ☐ Fail ☐ N/A
Demarcation Lighting:	☐ Pass ☐ Fail ☐ N/A	Reverse Phase Relay:	☐ Pass ☐ Fail ☐ N/A
Disconnected Motor Device:	☐ Pass ☐ Fail ☐ N/A	Heater / Drain Exterior	☐ Pass ☐ Fail
Variable Speed Device:	☐ Pass ☐ Fail ☐ N/A	Signage:	☐ Pass ☐ Fail ☐ N/A
Chain Tension:	☐ Pass ☐ Fail ☐ N/A	Skirt Switches:	☐ Pass ☐ Fail ☐ N/A
Emergency Stop Buttons:	☐ Pass ☐ Fail ☐ N/A	Speed Governor:	☐ Pass ☐ Fail ☐ N/A
Handrail Chain Tension:	☐ Pass ☐ Fail ☐ N/A	Step Chain Tension:	☐ Pass ☐ Fail ☐ N/A
Handrail Entry Device: Left: / Right:	☐ Pass ☐ Fail ☐ N/A / ☐ Pass ☐ Fail ☐ N/A	Step Level Device:	☐ Pass ☐ Fail ☐ N/A
Handrail Monitoring Device: Left: / Right:	☐ Pass ☐ Fail ☐ N/A / ☐ Pass ☐ Fail ☐ N/A	Step Rollers:	☐ Pass ☐ Fail ☐ N/A
Landing Plate Switch: Top: / Bottom:	☐ Pass ☐ Fail ☐ N/A / ☐ Pass ☐ Fail ☐ N/A	Step Upthrust Device - Top Left: / Right:	☐ Pass ☐ Fail ☐ N/A / ☐ Pass ☐ Fail ☐ N/A
Lockable Disconnect/Circuit Breaker:	☐ Pass ☐ Fail ☐ N/A	Step Upthrust Device - Bottom Left: / Right:	☐ Pass ☐ Fail ☐ N/A / ☐ Pass ☐ Fail ☐ N/A
Machinery Space Cover Switch: Top: / Bottom:	☐ Pass ☐ Fail ☐ N/A / ☐ Pass ☐ Fail ☐ N/A	Tandem Operation Interlock Device:	☐ Pass ☐ Fail ☐ N/A

Other

MCP logs updated? ☐ Yes ☐ No

All Test Requirements ☐ **Pass*** ☐ **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 #: