



Hydraulic 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	
	Test Date:	Type of test: <input type="checkbox"/> Acceptance <input type="checkbox"/> Category 1 & 5 witnessed				Freight Class: <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3	
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):		<input type="checkbox"/> NA (acceptance tests only)		Test tag installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Plunger Gripper operational? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (acceptance & witnessed tests)			Over-speed valve operational? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Power down Static Tests	Time started:		Proper fuses installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Connections tight? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Time ended:		Controller clean? <input type="checkbox"/> Yes <input type="checkbox"/> No		Jumpers removed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Elapsed time (min):		Relay(s) visually inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No		Change in car position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, distance (in):		
	Oil loss accounted for? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: If any oil loss can not be accounted for, the elevator must be removed from service and the Authority Having Jurisdiction must be notified.						
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"/> NA			
	Final limits: Up <input type="checkbox"/> Pass <input type="checkbox"/> Fail Down: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			Escape hatch contact: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			
	Low oil pressure switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			Re-level during manual lowering: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			
Doors	Closing force (max. 30 lbf):		Safety edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Door guides secure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Closing time (sec):	Electronic edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Door interlocks/gate switch/door restriction: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Emergency Operations	Phase I recall: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			Phase I fire service instruction signage in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
	Phase II operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			Phase II fire service instruction signage in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
	Emergency communication: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			Alarm bell: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Emergency lights: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
	Standby or emergency power operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA Note: 125% of rated load is not required						
Other	Logs properly maintained? Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Service <input type="checkbox"/> Yes <input type="checkbox"/> No				Logs updated with this event? <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 are 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 #:	