



### Traction Elevator Safety Test Report

<b>General Information</b>	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 <input type="checkbox"/> Category 5 witnessed			Freight Class: <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3	
<b>Governor</b>	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		
	Speed at which governor tripped: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			Governor over-speed switch tripping speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
	Slack rope device (winding drum machines): <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			Tripping speed setting in need of adjustment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Governor rope pull-through force (lbf):			Governor adjustments sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Safeties</b>	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"/> NA		Braking system (125% rated load): <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	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"/> NA		
	Car safety, full load, rated speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			CW safety, no load, rated speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		
	Slide of safety jaws on rail (in): Car:      CW:			Elevator out of level after safety test? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Safety Devices</b>	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"/> NA			Escape hatch contact: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		
	Directional & final limits: Up: <input type="checkbox"/> Pass <input type="checkbox"/> Fail Down: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			Emergency limits: Up: <input type="checkbox"/> Pass <input type="checkbox"/> Fail Down: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
	Broken rope, tape or chain switch tested: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			Traction-loss detection means: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		
	Ascending car over-speed protection and unintended car movement (no load / up direction): <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA					
	Broken suspension member & residual strength detection means: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA					
	E/E/PES electrical protective devices operate as intended: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			Maintenance company has provided a written checkout procedure & demonstrated that all E/E/PES electrical protective devices operate as intended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
<b>Buffers</b>	Type: <input type="checkbox"/> Spring <input type="checkbox"/> Solid <input type="checkbox"/> Oil			Buffer data plate in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Car buffer rated load, rated speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			Excessive buffer oil leakage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	CWT buffer no load, rated speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			Car oil buffer return (90 seconds): <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		
	CW buffer return (90 seconds): <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			Buffer switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Test tags installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Doors and Power Down</b>	Closing force (max. 30 lbf):		Safety edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Door guides: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	Closing time (sec):	Electronic edge/photo eye: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Interlocks/gate switch/door restriction: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
	Proper fuses installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Jumpers removed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Wire connections tight? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Controller Clean? <input type="checkbox"/> Yes <input type="checkbox"/> No			Relay(s) visually inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Emergency Operations</b>	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					
<b>Other</b>	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	
	<b>All Test Requirements</b> <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.		Test tag installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Signatures</b>	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 #:	