



Escalator and Moving Walk Safety Test Report

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: <input type="checkbox"/> Up <input type="checkbox"/> Down <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is all test equipment calibrated and current? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Has the escalator skirt been cleaned in preparation of the test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the unit tested in the normal direction of travel? <input type="checkbox"/> Yes <input type="checkbox"/> 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.					<input type="checkbox"/> Yes <input type="checkbox"/> 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 2007 Item 8.6.8.3.3)					
	<input type="checkbox"/> Condition 1, a skirt deflector is not required: The index is ≤ 0.15					
	<input type="checkbox"/> Condition 2, a skirt deflector is required: The escalator was installed prior to October 4, 2002 and the index is > 0.15 and ≤ 0.4					
<input type="checkbox"/> Condition 3, a skirt deflector is required: The escalator was installed after October 4, 2002 and the index is > 0.15 and ≤ 0.25						
For escalators installed after January 31, 2001, is the loaded gap measurement ≤ 5 mm or 0.2 in.?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Have all readouts for each test been properly labeled, dated and attached to this form?					<input type="checkbox"/> Yes <input type="checkbox"/> 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 (NA).					
	Brake Lining Condition: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Machine Space Light: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			
	Broken Drive Chain Device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Machine Space Stop Top: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	Switch: Bottom: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		
	Broken Step Chain: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Missing Step Device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			
	Comb Step Impact Devices: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Reversal Stop Device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			
	Demarcation Lighting: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Reverse Phase Relay: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			
	Disconnected Motor Device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Rolling Shutter Device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			
	Drain (Outside Escalators): <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Signage: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			
	Drain Chain Tension: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Skirt Switches: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			
	Emergency Stop Buttons: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Speed Governor: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			
	Handrail Chain Tension: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Step Chain Tension: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			
	Handrail Entry Device: Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Step Level Device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			
	Handrail Monitoring Device: Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Step Rollers: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA			
	Landing Plate Switch: Top: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA Bottom: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Step Upthrust Device - Top	Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	
	Lockable Fused Disconnect/Circuit Breaker: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Step Upthrust Device - Bottom	Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	
Machinery Space Cover Switch: Top: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA Bottom: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA		Tandem Operation Interlock Device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA				
Other	Maintenance Logs properly maintained? <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 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 #:	