



Colorado Department of Labor and Employment
 Division of Oil and Public Safety - Conveyance Program
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HYDRAULIC ELEVATOR SAFETY TEST REPORT

(REVISED 9/11/2014)

General Information

Building Name:				Manufacturer:			OPS Conveyance #:	CP-	
Address:				City:		ZIP:		Local Conveyance ID #:	
Install Date:		Stops:		Capacity:			lbs	Job/Contract #:	
Test Date:		Inspector Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If Yes, inspector signs report.</i>			Rated Speed:	fpm
Test Type:	<input type="checkbox"/> Acceptance <input type="checkbox"/> Category 1		<input type="checkbox"/> Category 1 or 5 Witnessed		Duty:	<input type="checkbox"/> Passenger <input type="checkbox"/> Freight		Freight Class:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Relief Valve

Piston Diameter:		in	No-Load Working Pressure:		psi	Adjustment Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relief Valve Setting (set at 150% or less of working pressure):		psi	Overspeed Valve Operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Adjustment Sealed?	<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)		Full Load Working Pressure:		psi <input type="checkbox"/> N/A (acceptance tests only)

Power Down Static Tests

Time Started:		Time Ended:		Elapsed Time:		min	Jumpers Removed?	<input type="checkbox"/> Yes
Proper Fuses Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		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		Change in Car Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If Yes, By What Distance?</i>		
Oil Loss Accounted For?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If any oil loss cannot be accounted for, the elevator must be removed from service and the Authority Having Jurisdiction must be notified.</i>					

Safety Devices

Stop Switches

<i>In Car:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<i>Pit:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<i>Top of Car:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Directional Limits

Final Limits

<i>Up:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<i>Down:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<i>Up:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<i>Down:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Low Oil Protection:	<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			
Low Oil Pressure Switch:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Re-level During Manual Lowering:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			

Doors

Closing Force (max 30 lbf):		Safety Edge:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			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"/> N/A			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"/> N/A			Phase I Fire Service Instruction Signage in Place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Phase II Operation:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			Phase II 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 <input type="checkbox"/> N/A
Standby/Emergency Power Operation:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		<i>125% of rated load is not required.</i>					

Other Items

Test Tag Installed?	<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		<i>Pass may only be checked if all items on this test form meet the adopted code requirements.</i>					

Certifications

By signing below, I certify that 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 #:		