Colorado Department of Labor and Employment
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PLATFORM LIFT SAFETY TEST REPORT

(REVISED 9/11/2014)

General Information

Building Name:		Manufacturer:				OPS Conveyance #:	**CP-**
Address:		City:		ZIP:		Local ID #:	
Install Date:		Stops:		Capacity:	lbs	Job/Contract #:	
Test Date:		Lift Type: ☐ Vertical ☐ Inclined ☐ Other:				Rated Speed:	fpm
Test Type:	*Indoor:* ☐ 5-Year Witnessed Test			*Outdoor:* ☐ 3-Year Test ☐ 6-Year Witnessed Test			
Safety Type:	☐ Type A ☐ Type B ☐ Type C ☐ Drum ☐ Safety Nut ☐ Other:						
Driving Means:	☐Winding Drum ☐Chained Sprocket ☐Roped Sprocket ☐Traction ☐Screw ☐Rack and Pinion ☐Direct Plunger Hydraulic ☐Roped Hydraulic ☐Level Hydraulic ☐Friction ☐Other:						
Inspector Present?	☐ Yes ☐ No *If Yes, Inspector Signs Report*						

Tested Components

Regardless of the installation date of the platform lift, the items below must be tested and meet ASME A18.1 requirements.

Component	*A18.1 Section*	*Test Result*
Hydraulic Cylinders – *Cylinders not Exposed must be Tested*	10.3.1.1	☐ Pass ☐ Fail ☐ N/A
Safeties – *Type A and B Safeties are Tested with No Load*	10.3.1.2	☐ Pass ☐ Fail ☐ N/A
Governors – *If Screw-Drive, Safety Nut must be Tested*	10.3.1.3	☐ Pass ☐ Fail ☐ N/A
Normal Stopping Devices *(Acceptance Test Only)*	10.3.1.5	☐ Pass ☐ Fail ☐ N/A
Terminal Stopping Devices (*Upper and Lower; Acceptance Test Only*)	10.3.1.5	☐ Pass ☐ Fail ☐ N/A
Broken Rope, Tape or Chain Switch – *The Switch that Senses Failure of the Connection*	10.3.1.6	☐ Pass ☐ Fail ☐ N/A
Slack-Rope Devices on Winding Drum Machines	10.3.1.7	☐ Pass ☐ Fail ☐ N/A
Braking System – *Test With 125% of Rated Load (Capacity)*	10.3.3.3	☐ Pass ☐ Fail ☐ N/A
Ropes and Fastenings	10.3.3.4	☐ Pass ☐ Fail ☐ N/A
Rated Speed in Up Direction	10.4.8	☐ Pass ☐ Fail ☐ N/A
Rated Speed in Down Direction	10.4.8	☐ Pass ☐ Fail ☐ N/A
Door Interlocks/Gate Switches	2.1.1.4	☐ Pass ☐ Fail ☐ N/A
Emergency Stop Switch	2.10.6	☐ Pass ☐ Fail ☐ N/A
Emergency Signals	2.11	☐ Pass ☐ Fail ☐ N/A

Other Items

Test Tags Installed?	☐ Yes ☐ No	Logs Updated with this Event?	☐ Yes ☐ No
All Test Requirements:	☐ **Pass** ☐ **Fail**	*Pass may only be checked if all items on this test form meet the adopted code requirements.*	

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 the current adopted codes.

Mechanic Name:		Contractor Company Name:			
Mechanic Signature:		Date:		State License #:	
Inspector Name:		Inspection Company Name:			
Inspector Signature:		Date:		State License #:	