



ASME A17.1 Acceptance & Category 5 Periodic Tests

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City of Madison Fire Dept
Elevator Inspection Unit
314 W Dayton St
Madison WI 53703-2506
Phone: (608) 266-5909
Fax: (608) 267-1100
www.madisonfire.org

Instructions: Please TYPE or PRINT CLEARLY the information requested on this form.
Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m), Stats.]

Building Name	Owner Name	Registration Tag No.
Street Address	Address	Regulated Object ID
City, State, Zip	City, State, Zip	Manufacturer

1	Type of Test: Acceptance <input type="checkbox"/> Periodic <input type="checkbox"/>				
2	Type: Passenger <input type="checkbox"/> Freight <input type="checkbox"/> Class _____	<input type="checkbox"/> Traction	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Roped Hydraulic	
		<input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Winding Drum	<input type="checkbox"/> Rack and Pinion	
3	Rated Capacity	Rated Speed Up	Rated Speed Down	Actual Test Speed	
4	Type of Safety Device	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Other <input type="checkbox"/>
5	Governor Jaw Pull Through	Release Carrier Pull Out			
6	Governor Tripping Speed	Governor Overspeed Switch Speed			Sealed? Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Length of Marks On Guide Rails	Left Guide Rail ft. in.	Right Guide Rail ft. in.		
8	(Cwt) Governor Jaw Pull Through	(Cwt) Release Carrier Pull Out			
9	(Cwt) Governor Tripping Speed	(Cwt) Governor Overspeed Switch Speed			Sealed? Yes <input type="checkbox"/> No <input type="checkbox"/>
10	(Cwt) Length of Marks On Guide Rails	Left Guide Rail ft. in.	Right Guide Rail ft. in.		
ALL ITEMS IN LINES 5 through 10: OK <input type="checkbox"/> Fail <input type="checkbox"/>					
LIST FAILED ITEMS:					
11	Did Car Set Out of Level? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, Inches Out of Level	
12	Number of Turns On Drum Before Test			Number of Turns On Drum After Test	
13	Was Test Made With Rated Load? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was Test Satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/>		
14	SOS Switch? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		Slack Rope Switch Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
15	8.6.4.19.5 Normal and Final Terminal Limits			OK <input type="checkbox"/>	Fail <input type="checkbox"/> n/a <input type="checkbox"/>
16	8.6.4.20.3 Oil Buffers: Car <input type="checkbox"/> Counterweight <input type="checkbox"/>			OK <input type="checkbox"/>	Fail <input type="checkbox"/> n/a <input type="checkbox"/>
17	8.6.4.20.4 Braking System 125%			OK <input type="checkbox"/>	Fail <input type="checkbox"/> n/a <input type="checkbox"/>
18	8.6.4.19.6 Firefighters Emergency Operation			OK <input type="checkbox"/>	Fail <input type="checkbox"/> n/a <input type="checkbox"/>
19	8.6.4.19.15 Emergency Communications			OK <input type="checkbox"/>	Fail <input type="checkbox"/> n/a <input type="checkbox"/>
20	8.6.4.19.16 Means to Restrict Hoistway or Car Door Opening			OK <input type="checkbox"/>	Fail <input type="checkbox"/> n/a <input type="checkbox"/>
21	8.6.4.19.7 Standby or Emergency Power Operation		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/> If not tested at this time, date of annual test:		
22	318.17086 Auxiliary Power/Emergency Evacuation Devices			OK <input type="checkbox"/>	Fail <input type="checkbox"/> n/a <input type="checkbox"/>

Comments:

The Above Tests Were Performed In Compliance With ASME A17.1 and DSPS 18			
Firm Performing Test	Address	City, State, Zip	Date of Test
Name and License Number of Person Performing Test (Print)		Signature of Person Performing Test	



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Building Name	Regulated Object ID	Registration Tag No.
23	8.6.4.20.6 Emergency Terminal Stopping and Speed Limiting Devices	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
24	8.6.4.20.10 Emergency Stopping Distance 125%	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
25	8.6.4.19.8 Power Operation of Door System	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
26	8.6.4.19.9 Broken Rope, Tape or Chain Switch	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
27	8.6.4.19.10 E/E/PES Electrical Protective Devices	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
28	8.6.4.19.11 Ascending Car Overspeed Protection and Unintended Car Motion Devices	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
29	8.6.4.19.12 Traction Loss Detection Means	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
30	8.6.4.19.13 Broken Suspension Member/Residual Strength Detection	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
31	8.6.4.20.7 Power Opening of Doors	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
32	8.6.4.20.8 Leveling Zone and Leveling Speed	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
33	8.6.4.20.9 Inner Landing Zone	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>

*** ADDITIONAL TESTING FOR HYDRAULIC AND ROPED HYDRAULIC ***

34	8.6.5.14.1 Working Pressure ____ psi.	Relief Pressure ____ psi.	Valve Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No
35	8.6.5.14.2 Leakage testing to be performed after relief valve and system pressure testing. Oil Level In Tank Start ____ Exact Time Of Test ____ Minutes Oil Level In Tank End ____ Movement Of Car ____ Inches MOVEMENT OR OIL LOSS SHALL BE EXPLAINED BELOW		
36	8.6.5.14.4 Flexible Hose (Test for 30 sec.)		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
37	8.6.5.14.5 Pressure Switch		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
38	8.6.5.14.3 Low Oil Protection Device		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
39	8.6.5.16.4 Plunger Gripper (Rated Load)		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
40	8.6.5.16.5 Overspeed Valve (Rated Load)		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
41	8.6.5.16.3 Wire Rope Fastenings		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
42	8.6.5.16.6 Sustain and Level Max Load [C2 Freight Only] (2010 Code)		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>

Comments:

43 **8.6.1.7.2 Periodic Test Record:** A metal test tag containing the applicable Code requirement and date performed, and the name of the person or firm performing the test, shall be attached to the controller. Tests shall also be recorded in the Maintenance Record.

The Above Tests Were Performed In Compliance With ASME A17.1 and DSPS 18			
Firm Performing Test	Address	City, State, Zip	Date of Test
Name and License Number of Person Performing Test (Print)		Signature of Person Performing Test	