

Escalator and Moving Walk Test



SAINT PAUL
SAFETY & INSPECTIONS

375 Jackson St, Suite 220
St. Paul, MN 55101-1806
Phone: 651-266-9010
Fax: 651-266-9099

City\State Id

Submitted Date

Elevator Contractor License #

Building Name

Building Contact

Address

City

TEST TYPE

ACCEPTANCE

ANNUAL (CAT1)

FREQUENCY	A	1	Description	Result	Mech. Initial	Date
			ACCEPTANCE – 1yr			
X	X	X	Machine space: Access - Clean	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Machine space stop switches	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Controller and Wiring examination	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Drive machine and brake exam and test. Includes brake torque test	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
			Torque Max	Torque Min		
			Breakaway	Dynamic		
X	X	X	Speed Governor & Speed Test	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Broken Drive Chain Device	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Reversal stop switch Device	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Broken Step Chain or Treadway Device:	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Step Up Thrust Device	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Missing Step or Missing Pallet Device:	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Step or Pallet Level Device:	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Examine Steps. Pallets. Chains and Trusses. Chain Stretch	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Test Handrail System: (entry; speed monitoring devices)	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Examine and Test Outdoor Heater Operation.(Outdoor ESC and MW Only)	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Escalator Chain Stretch (Clearance between steps 6mm or less)	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Disconnected Motor Safety Device	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Response to Smoke Detectors	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Comb Impact Device	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
			Left Side Force	Center Force	Right side Force	
X	X	X	Step/Skirt Indexing and loaded Gap – Escalators only	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
			Left Step One Index	Right Step One Index	≤0.15 without Deflector	
			Left Step Two Index	Right Step Two Index	≤0.4 with Deflector	
X	X	X	Loaded Gap – Escalators installed under the A17.1-2000 or later editions	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
			Loaded Gap Left	Loaded Gap Right		
X	X	X	Gap between Step and Skirt (not loaded) ≤ .1875 in (4.8mm)	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Inspection Control Devices	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X	X	Step Lateral Device (Curved Escalators Only)	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X			Tandem Operation	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X			Skirt Obstruction Devices	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X			Egress Restriction Devices – Varied speed escalators and moving walks	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		

This form is designed to allow the user to identify when a required test was completed within the identified timeline, and the licensed individual (mechanic) performing the test. Category tests are to be completed as identified. "Other Required Documentation" shall be checked minimally once a year. Complete the form, and submit a copy annually to the Department Of Labor and Industry. Any results identified as "Failed" shall be addressed immediately with the owner. **Licensed elevator contractors shall not leave any elevator in service if an unsafe condition exists as a result of these or any other tests.**

Periodic tests signed by responsible Master of Contractor License:	SIGNATURE	Date:
Acceptance tests Signed by Inspector	SIGNATURE	Date: