Cable Elevator Test Report:

Five Year & Acceptance Inspection

Submit Completed Forms to:
Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul MN 55101-1806
Fax: 651-266-9124

Five Year Full Load: ____ Acceptance Test: ____	City Elevator ID Number:	Inspection/Test Date:
Building Name:	Street Address:	Type of Elevator: ____ Freight ____ Passenger ____ Drum ____ Freight
Manufactured By:	Contract Capacity:	Actual Running Speed: Up _____ FPM DOWN _____ FPM

CAR GOVERNOR

Type of Governor: _____ Flyball _____Centrifugal _____ Other	Governor Tripping Speed: Switch _____ FPM Jaw _____ FPM	Condition of Governor Jaw: _____Good _____ Poor
Condition of Governor Rope After Test:	Governor Rope Pull-Through Set At: _____ Pounds	Record the Force Required to Pull the Governor Rope from Releasing Carrier: _____ Pounds

COUNTERWEIGHT GOVERNOR

Type of Governor: _____ Flyball _____Centrifugal _____ Other	Governor Tripping Speed: Switch _____ FPM Jaw _____ FPM	Condition of Governor Jaw: _____Good _____ Poor
Condition of Governor Rope After Test:	Governor Rope Pull-Through Set At: _____ Pounds	Record the Force Required to Pull the Governor Rope from Releasing Carrier: _____ Pounds

CAR BUFFER

Type of Buffer: _____ Spring _____ Oil	Check Oil Level: _____ Good _____ Oil Added	Condition Before Test: _____ Good _____ Poor
Plunger Return Time: _____ Seconds	Test Buffer Switch: _____ Pass _____ Fail ____ N/A	

COUNTERWEIGHT BUFFER

Type of Buffer: _____ Spring _____ Oil	Check Oil Level: _____ Good _____ Oil Added	Condition Before Test: _____ Good _____ Poor
Plunger Return Time: _____ Seconds	Test Buffer Switch: _____ Pass _____ Fail ____ N/A	

TEST OF ELECTRICAL SWITCHES

Directional Limit: Up: _____Pass _____ Fail Down: _____Pass _____ Fail	Final Limit: Up: _____Pass _____ Fail Down: _____Pass _____ Fail	Governor Overspeed Switch: _____ Pass _____ Fail
SOS: _____ Pass _____ Fail	Test ETS: _____ Pass _____ Fail ____ N/A	Slack Rope Switch: _____ Pass _____ Fail ____ N/A

**** All tests to be performed per ANSI A17.1, 2004 Chapter VIII ****

CAR SAFETY

Manufacturer of Safety:	Type of Safety: _____ Inst _____ Grad Wedge _____ Wedge Clamp _____ Other	Condition of Safety: Before Test: ____Good ____ Poor After Test: ____Good ____ Poor
Car Set Level In Safety: _____ Yes _____ No Number of Inches out of Level:	Length of Marks on Guiderails	Record Number of Turns on Drum: ___ Before Setting Safety ___ After Setting Safety
Condition of Rail After Test:	Was Safety Test with Contract Load: ____ Yes ___ No ____ Lbs	

COUNTERWEIGHT SAFETY

Manufacturer of Safety:	Type of Safety: _____ Inst _____ Grad Wedge _____ Wedge Clamp _____ Other	Condition of Safety Before Test: _____ Good _____ Poor Condition of Safety After Test: _____ Good _____ Poor
Car Set Level In Safety: _____ Yes _____ No Number of Inches out of Level:	Length of Marks on Guiderails	Record Number of Turns on Drum: ___ Before Setting Safety ___ After Setting Safety
Condition of Rail After Test:	Was Safety Test with Contract Load: ____ Yes ___ No ____ Lbs	

FIRE SERVICE

Test Phase 1 Operation: _____ Pass _____ Fail If Failed, Why? _____	Is Force Reduced on Door Protective Edge During Test of Phase 1 Recall:	Test Phase II Operation: _____ Pass _____ Fail If Failed, Why? _____

MISCELLANEOUS

Test Emergency Power Operation: _____ Pass _____ Fail ____ N/A	Did Brake Stop and Hold When Tested with 125% of Rate Loaded: _____ Yes _____ No	
Test Power Operation of Door System was Test Satisfactory? If not, Explain:	Record Door Closing Force Setting: _____ Pounds	Test Door Protective and Reopening Device: _____ Pass _____ Fail
Check Leveling Zone: _____Inches Check Leveling Speed: _____ FPM	Check Inner Landing Zone (Static Control): _____ Inches	Tags Installed On: ____ Governors ____ Buffers ____ Releasing Carrier
Was Test Completed Satisfactorily: _____ Yes _____ No If No, Please Explain Below:		
What Corrections were made, If Any?		
If No Corrections were made, was Car Removed from Service? _____ Yes _____ No		
Company Name:	Address:	City, State, Zip Code:
Name of Mechanic *(Please Print):*	Name of Supervisor *(Please Print):*	Company Telephone Number:
Signature of Mechanic:	Signature of Supervisor:	