

Traction Elevator Test

City of St Paul
Department of Safety & Inspections



375 Jackson St, Suite 220
 St. Paul, MN 55101-1806
 Phone: 651-266-9012
 Fax: 651-266-9099

City\State Id	Submitted Date	Elevator Contractor License #	
Building Name		Building Contact	
Address			City

TEST TYPE		ACCEPTANCE	5 YEAR (CAT 5)	ANNUAL (CAT1)		
Frequency		Description		Result	Mech. Initial	Date
A	5	1				
X		X	Oil Buffers	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X		X	Safeties	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X		X	Governors: operate manually – visual inspection verify parts operate freely	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X		X	Slack Rope Devices on Winding Drum	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X		X	Normal & Final terminal stopping devices: Examine and test for operation.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X		X	Firefighters' Emergency Operation:	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X		X	Standby EP operation (no load) - Verify selective operation for each car.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X		X	Door code zone speed\ Door Closing force	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X		X	Broken Rope, Tape or Chain Switch operation	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X		X	EPD and SIL rated device testing procedure performed	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X		X	Ascending car and unintended car movement protection	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X		X	Traction loss Detection Means	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X		X	Broken Rope and Residual strength detection	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X		Car Slide	Counterweight Slide	<input type="checkbox"/> N/A	
X	X		Gov. Trip Speed	Gov. Pull Through force	Safety Pull out force	<input type="checkbox"/> N/A
X	X		Oil Buffer Tests: Car- full load;	Counterweight- empty car	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	
X	X		Brake Tested at- 125%	Capacity	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	
X	X		Emergency and Standby Power		<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	
X	X		ETSLD and ETSD test		<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	
X	X		Power opening of the Door within the landing zone		<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	
X	X		Leveling Zone and Speed		<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	
X	X		Inner landing zone for static control elevators		<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	
X	X		Emergency Stopping Distance		<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	
X	X		Emergency Brake Test		<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	

COMMON VIOLATIONS

8.6.1.2.1(d)	Access provided for Inspector and Mechanic for MCP and Records?	<input type="checkbox"/> Y <input type="checkbox"/> N	
8.6.1.7.2	Periodic test tag securely attached to controller?	<input type="checkbox"/> Y <input type="checkbox"/> N	
8.9.1	Code Data Tags present and up to date	<input type="checkbox"/> Y <input type="checkbox"/> N	

The following devices are the most commonly identified Non-functioning Safety devices.

8.11.3.1.1(e)	Car lighting – Test back up with power off (not test button)	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	
8.11.3.1.1(f)	Emergency Com. Phone\Alarm Bell– tested with normal power off	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	
8.11.3.1.1(r)	Restriction of door open: = or < than 4" outside of the unlocking zone.	<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 St Paul Department Of Safety & Inspections. 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: