Hydraulic Elevator Annual Safety Test Report

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

Date of Hydraulic Test:	Job Number:	Contract Number:
Building Name:	Street Address:	Contact Person/Phone Number:
Type of Elevator: _____ Freight _____ Passenger	Manufactured By:	City of Saint Paul ID Number:
Contract Capacity:	Contract Speed:	
Piston Diameter: _____ Area _____ Square Inches	Elapsed Time of Test: ___ Minutes	Movement: _____ Inches
Calculated Full Load Pressure:	_____ PSI	
No Load Working Pressure:	_____ PSI	
Relief Valve Setting: _____ PSI	Corrected Relief Value Setting: _____ PSI	Relief Value Tagged and Sealed: _____ Yes _____ No
Test Flexible Hose & Fittings Assemblies for Signs of Leakage Slippage or Damage:	Flexible Hose and Fittings must be Replaced Every Six Years: Date Last Replaced: _____	Hose Assembly Tagged: _____ Yes _____ No
Test of Electrical Switches:	Directional Limit: Up: _____Pass _____ Fail Down: _____Pass _____ Fail	Final Limit: Up: _____Pass _____ Fail Down: _____Pass _____ Fail
Test Phase 1 Operation:	Is Force Reduced on Door Protective Edge During Test of Phase 1 Recall: _____ Yes _____ No ____ N/A	Test Phase II Operation: ____ Pass _____ Fail If Failed, Why?_____
Test Emergency Operations: _____ Pass _____ Fail ____ N/A		
Test Power Operations of Door System:	Record Door Closing Force Setting: _____ Pounds	Test Door Protective & Reopening Device: ____ Pass _____ Fail
Was Test Completed Satisfactorily: If Not, Please Explain Below:		
What Corrections were made if any? If no Corrections were made, was elevator removed from Service? _____ Yes _____ No Test Witnessed By: , Inspector, City of Saint Paul		
Company Name:	Street Address:	City, State, Zip Code:
Signature of Mechanic:	Signature of Supervisor:	Company Telephone Number:
Please Print Name Below:	Please Print Name Below:	Date Mailed to City:

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