|  |  |  |
| --- | --- | --- |
|  |  **Acceptance & Five-Year Tests** **ASME A18.1 Section 10.3, 10.4** **Platform Lift Test**  | **City of Madison Fire Dept****Elevator Inspection Unit****314 W Dayton St****Madison WI 53703****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** **[ ]  Periodic** **[ ]**  |
| **2** |  **Type:** | **Vertical Platform Lift [ ]  Inclined Platform Lift [ ]  Inclined Stairway Chairlift [ ]**  |
| **3** | **Driving Means:** | **Chained Hydraulic [ ]  Roped Hydraulic [ ]  Screw [ ]  Rack and Pinion [ ]  Other [ ]  \_\_\_\_\_\_\_\_\_\_**  |
| **3** |  **Rated Capacity**  | **Rated Speed Up**  | **Rated Speed Down**  |
| **4** |  **Type of Safety Device:** | **A [ ]  B [ ]  C** **[ ]  Other [ ]  n/a [ ]**  |
| **5** | **10.3.3.1 Platform Safeties** | **OK [ ]  Fail [ ]  n/a [ ]**  |
| **6** |  **Did Car Set Out of Level: Yes** **[ ]  No** **[ ]**  | **If Yes, Inches Out of Level**  |
| **7** | **10.3.3.2 Governors** | **OK [ ]  Fail [ ]  n/a [ ]**  |
| **8** | **10.3.3.3 Braking System 125%** | **OK [ ]  Fail [ ]  n/a [ ]**  |
| **9** | **10.3.3.4 Ropes** | **OK [ ]  Fail [ ]  n/a [ ]**  |
| **10** | **10.3.3.5 Fastenings (Roped Hydraulic)** | **OK [ ]  Fail [ ]  n/a [ ]**  |
| **11** | **10.4.5 Normal Terminal Stopping Devices** | **OK [ ]  Fail [ ]  n/a [ ]**  |
| **12** | **10.4.6 Stop Ring** | **OK [ ]  Fail [ ]  n/a [ ]**  |
| **13** | **10.4.7 Bottom Cylinder Clearance** | **OK [ ]  Fail [ ]  n/a [ ]**  |
| **14** | **Tested With Rated Load?** **[ ]  Yes** **[ ]  No** | **Was Test Satisfactory?** **[ ]  Yes** **[ ]  No** |
| **15** |  **Working Pressure:**       **psi. Relief Pressure:**       **psi. Valve Sealed? [ ]  Yes [ ]  No** |  |
|  | **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** |
| **Reports Shall Be Filed With the Madison Fire Department Within 15 (Fifteen) Days of Performing Test.** |