|  |  |  |
| --- | --- | --- |
|  | **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** | | | | | | | | | | | |  | |
| **16** | **SPS 318.17086 Auxiliary Power/Emergency Evacuation Devices** | | | | | | | | | | **OK  Fail  n/a** | |
|  | **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.** | | | | | | | | | | | | |