



ASME A17.1 Category 1 Periodic Tests

City of Madison Fire Dept.
 Elevator Inspection Unit
 325 W. Johnson St.
 Madison WI 53703
 Phone: (608) 266-4420
 Fax: (608) 267-1153
 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: Passenger <input type="checkbox"/> Freight <input type="checkbox"/> Class _____	<input type="checkbox"/> Traction <input type="checkbox"/> Hydraulic <input type="checkbox"/> Roped Hydraulic <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> Winding Drum <input type="checkbox"/> Rack and Pinion		
2	Rated Capacity _____	Rated Speed (up) _____	Operating Speed (down) _____	Leveling Speed _____
3	8.6.4.19.1 Oil Buffers: Car <input type="checkbox"/> Counterweight <input type="checkbox"/>			OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
4	8.6.4.19.2 Safeties: Type A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>			OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
5	8.6.4.19.3 Governors			OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
6	8.6.4.19.4 Slack Rope Devices			OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
7	8.6.4.19.5 Normal and Final Terminal Limits			OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
8	8.6.4.19.6 Firefighters Emergency Operation			OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
9	8.6.4.19.8 Power Operation of Door System			OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
10	8.6.4.19.9 Broken Rope, Tape or Chain Switch			OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
11	8.6.4.19.10 E/E/PES Electrical Protective Devices			OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
12	8.6.4.19.11 Ascending Car Overspeed Protection and Unintended Car Motion Devices			OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
13	8.6.4.19.12 Traction Loss Detection Means (2010 Code)			OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
14	8.6.4.19.13 Broken Suspension Member/Residual Strength Detection (2010 Code)			OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
15	8.6.4.19.8 Standby or Emergency Power Operation	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/> Not tested at this time <input type="checkbox"/>		Date of Test _____

Additional Tests for Hydraulic or Roped Hydraulic

16	8.6.5.14.1 Working Pressure _____ psi.	Relief Pressure _____ psi.	Valve Sealed <input type="checkbox"/> Yes <input type="checkbox"/> No
17	8.6.5.14.2 Leakage testing to be performed after relief valve and system pressure testing. Oil Level In Tank Start _____ Exact Time Of Test _____ Minutes Oil Level In Tank End _____ Movement Of Car _____ Inches MOVEMENT OR OIL LOSS SHALL BE EXPLAINED BELOW		
18	8.6.5.14.4 Flexible Hose (Test for 30 sec.)		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
19	8.6.5.14.5 Pressure Switch		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
20	8.6.5.14.3 Low Oil Protection Device		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>

Comments:

21	<u>ASME A17.1 Requirement 8.6.1.7.2</u> : A metal test tag with the test date the requirement number requiring the test and the name of the person or firm performing the test shall be installed in each machine room. Tests shall also be recorded in the Maintenance Record.
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The Above Tests Were Performed In Compliance With ASME A17.1 and DSPTS 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.