



ASME A17.1 Acceptance & Category 5 Periodic Tests

Page 1 of 2

City of Madison Fire Dept.
Elevator Inspection Unit
325 W. Johnson St.
Madison WI 53703
Phone: (608) 266-5909
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 of Test: Acceptance <input type="checkbox"/> Periodic <input type="checkbox"/>		
2	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	
3	Rated Capacity	Rated Speed Up	Rated Speed Down
4	Type of Safety Device	A <input type="checkbox"/>	B <input type="checkbox"/> C <input type="checkbox"/> Other <input type="checkbox"/>
5	Governor Jaw Pull Through	Release Carrier Pull Out	
6	Governor Tripping Speed	Governor Overspeed Switch Speed	Sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Length of Marks On Guide Rails	Left Guide Rail ft. in.	Right Guide Rail ft. in.
8	(Cwt) Governor Jaw Pull Through	(Cwt) Release Carrier Pull Out	
9	(Cwt) Governor Tripping Speed	(Cwt) Governor Overspeed Switch Speed	Sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No
10	(Cwt) Length of Marks On Guide Rails	Left Guide Rail ft. in.	Right Guide Rail ft. in.
11	Did Car Set Out of Level <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Inches Out of Level	
12	Number of Turns On Drum Before Test	Number of Turns On Drum After Test	
13	Was Test Made With Rated Load? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Test Satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14	SOS Switch <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Slack Rope Switch <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
15	8.6.4.19.4 Normal and Final Terminal Limits	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>	
16	8.6.4.20.3 Oil Buffers: Car <input type="checkbox"/> Counterweight <input type="checkbox"/>	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>	
17	8.6.4.20.4 Braking System 125%	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>	
18	8.6.4.19.6 Firefighters Emergency Operation	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>	
19	8.6.4.20.5 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
20	8.6.4.20.6 Emergency Terminal Stopping and Speed Limiting Devices	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>	
21	8.6.4.20.10 Emergency Stopping Distance 125%	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>	
22	8.6.4.19.8 Power Operation of Door System	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>	

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	



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Page 2 of 2

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Building Name	Regulated Object ID	Registration Tag No.
23	8.6.4.19.9 Broken Rope, Tape or Chain Switch	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
24	8.6.4.19.10 E/E/PES Electrical Protective Devices	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
25	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"/>
26	8.6.4.19.12 Traction Loss Detection Means (2010 Code)	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
27	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"/>
28	8.6.4.20.7 Power Opening of Doors	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
29	8.6.4.20.8 Leveling Zone and Leveling Speed	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
30	8.6.4.20.9 Inner Landing Zone	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>

ADDITIONAL TESTING FOR HYDRAULIC AND ROPED HYDRAULIC

31	8.6.5.14.1 Working Pressure	Relief Pressure	Valve Sealed <input type="checkbox"/> Yes <input type="checkbox"/> No
32	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		
33	8.6.5.14.4 Flexible Hose (Test for 30 sec.)		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
34	8.6.5.14.5 Pressure Switch		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
35	8.6.5.14.3 Low Oil Protection Device		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
36	8.6.5.16.4 Plunger Gripper (Rated Load)		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
37	8.6.5.16.5 Overspeed Valve (Rated Load)		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
38	8.6.5.16.3 Wire Rope Fastenings		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
39	8.6.5.16.6 Sustain and Level Max Load [C2 Freight Only] (2010 Code)		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>

Comments:

40 **ASME A17.1 Requirement 8.6.1.7.2:** 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.

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	