



Acceptance & Five-Year Tests ASME A18.1 Section 10.3, 10.4

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: Vertical Platform Lift <input type="checkbox"/> Inclined Platform Lift <input type="checkbox"/> Inclined Stairway Chairlift <input type="checkbox"/>	
3	Driving Means: Chained Hydraulic <input type="checkbox"/> Roped Hydraulic <input type="checkbox"/> Screw <input type="checkbox"/> Rack and Pinion <input type="checkbox"/> Other <input type="checkbox"/>	
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"/> n/a <input type="checkbox"/>	
5	10.3.3.1 Platform Safeties	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
6	Did Car Set Out of Level: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Inches Out of Level
7	10.3.3.2 Governors	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
8	10.3.3.3 Braking System 125%	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
9	10.3.3.4 Ropes	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
10	10.3.3.5 Fastenings (Roped Hydraulic)	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
11	10.4.5.1 Normal Terminal Stopping Devices	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
12	10.4.6 Stop Ring	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
13	10.4.7 Bottom Cylinder Clearance	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
14	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

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.