



Acceptance & Category 5 Periodic Tests

ASME A17.1 Rules 8.10.2.2.2(bb) 8.11.2.3

Acceptance Tests ASME A17.1 Req. 8.10.2.2.2(ii), 8.10.3.2.3 (u), A18.1 Req. 10.4.1

Category 5 Periodic Tests ASME A17.1 Req. 8.11.2.3, 8.11.3.4, A18.1 Req. 10.3.3

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City of Madison Fire Dept.
Fire Prevention Div.
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	Owners 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"/>		Type of Elevator: Passenger <input type="checkbox"/> Freight <input type="checkbox"/> Drum <input type="checkbox"/>	
2. Rated Capacity lbs.	Rated Speed (up)	Operating Speed (down)	Actual Test Speed fpm.
3. Type of Safety Device: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other			
4. Manufacturer of Safety Device:		Safety Device ID. Number:	
5. Manufacturer of Speed Governor:		Speed Governor ID. Number:	
6. Governor Jaws: Bronze <input type="checkbox"/> Iron <input type="checkbox"/>		Condition of Jaws: Before: After:	
7. Type of Governor Rope:	Manila <input type="checkbox"/> Iron <input type="checkbox"/> Steel <input type="checkbox"/> 6X19 <input type="checkbox"/> 8X19 <input type="checkbox"/>	Size (dia.)	
8. Governor Jaw Pull Through: lbs.	Release Carrier Pull Through: lbs.	Condition of Governor Rope:	
9. Governor Tripping Speed:		Governor Overspeed Switch Tripping Speed:	
10. Was Governor Readjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was Overspeed Switch Readjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Resealed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Length of Marks On Guide Rails	Left Guide Rail: ft. in.	Right Guide Rail: ft. in.	
12. Did Car Set Out of Level: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Inches Out of Level:			
13. Condition of Guide Rails After Test: <input type="checkbox"/> Good <input type="checkbox"/> Not Good		Wooden Guides Replaced: <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Number of Turns On Drum Before Test:		Number of Turns On Drum After Test:	
15. 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 If Not, Explain	
16.			
17.			

18. **ASME A17.1 Requirement 8.11.1.6:** 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.

Test shall also be recorded in the Maintenance Record.

The Above Tests Were Performed in Compliance With ASME A17.1 and Comm. 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.

**Copy Distribution: One copy to be retained by the firm or person performing the test
One copy to be sent to the Madison Fire Dept.
One copy to be retained by owner or tenant**