



Conveyance Category 1 Periodic Tests ASME A17.1 Section 8.11

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: Passenger: <input type="checkbox"/>	Freight: <input type="checkbox"/>	Class: <input type="checkbox"/>	<input type="checkbox"/> Electric Traction	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Private Residence Elevator
				<input type="checkbox"/> Hand Elevator	<input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Material Lift	
				<input type="checkbox"/> Special Purpose Personnel Elevator	<input type="checkbox"/> Inclined Elevator		
				<input type="checkbox"/> Rack-and-Pinion Elevator	<input type="checkbox"/> Limited-Use/Limited-Application Elevator		
2	Rated Capacity: lbs.			Rated Speed: (up)	Operating Speed: (down)		Leveling Speed:
3	8.11.2.2.1 Oil Buffers: Car: <input type="checkbox"/> Counterweight: <input type="checkbox"/>			Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>			Date of Test:
3a	Remarks:						
4	8.11.2.2.2 Safeties: Type A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>			Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>			Date of Test:
4a	Remarks:						
5	8.11.2.2.3 Governors:			Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>			Date of Test:
5a	Remarks:						
6	8.11.2.2.4 Slack Rope Devices:			Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>			Date of Test:
6a	Remarks:						
7	8.11.2.2.5: Normal and Final Terminal Stopping Devices:			Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>			Date of Test:
7a	Remarks:						
8	8.11.2.2.6: Firefighters Emergency Operation:			Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>			Date of Test:
8a	Remarks:						
9	8.11.2.2.7: Standby or Emergency Power Operation:			Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>			Date of Test:
9a	Remarks:						
10	8.11.2.2.8: Power Operation of Door System:			Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>			Date of Test:
10a	Remarks:						
12	8.11.2.2.9: Broken Rope, Tape or Chain Switch:			Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>			Date of Test:
12a	Remarks:						
13	8.11.2.2.11: Ascending Car Overspeed Protection and Unintended Car Motion Devices:			Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>			Date of Test:
Additional Comments:							

14 **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 Tests	Address	City, State, Zip	Date of Test Submission
Name and License Number of Person Performing Tests (Print)		Signature of Person Performing Tests	

Reports Shall Be Filed With the Madison Fire Dept. Once Per Calendar Year.
Copy Distribution: One copy to be retained by firm or person performing test
One copy to be sent to Madison Fire Dept.
One copy to be retained by owner or tenant