



Category 1 Periodic Escalator/Moving Walk Test ASME A17.1- Section 8.11.4.2

City of Madison Fire Dept.
Fire Prevention Div.
Elevator Inspection Unit
325 W. Johnson St.
Madison WI 53703
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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)]

Building Name	Owners Name	Registration Tag No.
Street Address	Address	Regulated Object ID.
City, State, Zip	City, State, Zip	Manufacturer

Rated Speed: fpm. Capacity: lbs. Normal Direction of travel:
 Up Down

1. ASME A17.1 8.11.4.2.19 Step/Skirt Performance Index: The escalator skirt shall not be cleaned, lubricated, or otherwise modified in preparation for testing. The escalator instantaneous step/ skirt index measurements shall be recorded at intervals no larger than 150 mm (6 in.) from each side of two distinct steps along the inclined portion of the escalator, where the steps are fully extended. Test steps shall be separated by a minimum of 8 steps.

Step 1 Left: Right: Step 2 Left: Right: Skirt Deflectors: Yes No

2. ASME A17.1 8.11.4.2.20 Clearance Between Step and Skirt (Loaded Gap). Loaded gap measurements shall be taken at intervals not exceeding 300 mm (12 in.) in transition region (6.1.3.6.5) and before the steps are fully extended. These measurements shall be made independently on each side of the escalator.

Top landing Left: Right: Bottom landing Left: Right: **(Applies only to units contracted after 3/31/2004)**

ASME A17.1 8.11.4.2 Additional Tests

	OK	Fail	N/A		OK	Fail	N/A
Controller and Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drive Machine and Brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed Governor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken Drive Chain Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reversal Stop Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken Step Chain or Treadway Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step Upthrust Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing Step or Pallet Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step or Pallet Level Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrail Safety Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step Lateral Displacement Device (curved escalators)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heaters (outdoor escalator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permissible Stretch in Escalator Chains <i>(not to exceed 6 mm (0.25 in.))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disconnected Motor Safety Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comb-Step or Comb-Pallet Impact Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skirt Obstruction Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

If any test did not prove satisfactory, please explain.

Comments:

3. 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 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	

This Report Shall Be Filed With the Madison Fire Dept. Within 15 (Fifteen) Days of Completion of All Tests.

This Report Shall Be Filed Not Less Than Once Per Year

Copy Distribution: One copy to be retained by firm or person performing test

One copy to be sent to the Madison Fire Dept.

One copy to be retained by owner or tenant