Conveyance Category 5 Periodic Tests
ASME A18.1 Section 10.3

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: ☐ Freight: ☐ Class:	Vertical Platform Lifts ☐ Inclined Platform Lifts ☐ Inclined Stairway Chairlifts ☐ Private Residence: Yes ☐ No ☐
2	Rated Capacity: lbs. Rated Speed: (up)	Operating Speed: (down) Driving Means:
3	10.3.3.1 Platform Safeties: Type A ☐ B ☐ C ☐	Is test satisfactory? Yes ☐ No ☐ n/a ☐ Date of Test:
3a	Remarks:	
3b	Length of Marks On Guide Rails (where applicable)	Left Guide Rail: ft. in. Right Guide Rail: ft. in.
4	10.3.3.2.1 Governors:	Is test satisfactory? Yes ☐ No ☐ n/a ☐ Date of Test:
4a	Remarks:	
5	10.3.3.3 Brake125%:	Is test satisfactory? Yes ☐ No ☐ n/a ☐ Date of Test:
5a	Remarks:	
6	10.3.3.4 Ropes:	Is test satisfactory? Yes ☐ No ☐ n/a ☐ Date of Test:
6a	Remarks:	
7	10.3.3.5 Fastenings:	Is test satisfactory? Yes ☐ No ☐ n/a ☐ Date of Test:
7a	Remarks:	
8	10.3.1.6 Broken Rope, Tape or Chain Switch:	Is test satisfactory? Yes ☐ No ☐ n/a ☐ Date of Test:
8a	Remarks:	
9	10.3.1.5 Normal and Final Terminal Stopping Devices:	Is test satisfactory? Yes ☐ No ☐ n/a ☐ Date of Test:
9a	Remarks:	
	Additional Comments:	

10 **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 the Madison Fire Dept.
One copy to be retained by owner or tenant