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| --- | --- | --- |
|  | **ASME A17.1 Category 1 Periodic Escalator/Moving Walk Tests** | **City of Madison Fire Dept.**  **Elevator Inspection Unit**  **314 W Dayton St**  **Madison WI 53703-2579**  **Phone: (608) 266-5909**  **Fax: (608) 267-1100**  **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)]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Building Name | | | | Owner Name | | | | | | | | Registration Tag No. | | | | | | |
| Street Address | | | | Address | | | | | | | | **Regulated Object ID** | | | | | | |
| City, State, Zip | | | | City, State, Zip | | | | | | | | Manufacturer | | | | | | |
| **1** | **Rated Speed** | **Capacity** | | | | | **Normal Direction Of Travel: Up**  **Down** | | | | | | | | | | | |
| **2** | **ASME A17.1 8.6.8.15.19 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** | | | | | | | | | | **OK  Fail  N/A** | | | | | | | |
|  | **Skirt Deflectors: Yes**  **No** | | | | | | | | | | | | | | | | | |
| **3** | **ASME A17.1 8.6.8.15.20 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. *(Units Contracted After 3/31/2004)*** | | | | | | | | | | | | | | | | | |
|  | **Top Landing: Left** **Right       Bottom Landing: Left       Right       OK  Fail  N/A** | | | | | | | | | | | | | | | | | |
| **4** | **ASME A17.1 8.6.8.15 Additional Tests:** | | | | | | | | | | | | | | | | | |
|  |  | | | | **OK Fail n/a** | | | | | | | | | **OK Fail n/a** | | | | |
| **Controller and Wiring** | | | | | | |  |  |  | **Drive Machine And Brake** | | | | | |  | |  |  |
| **Speed Governor** | | | | | | |  |  |  | **Broken Drive-Chain Device** | | | | | | |  |  |  |
| **Reversal Stop Switch** | | | | | | |  |  |  | **Broken Step-Chain Or Treadway Device** | | | | | | |  |  |  |
| **Step Upthrust Device** | | | | | | |  |  |  | **Missing Step Or Pallet Device** | | | | | | |  |  |  |
| **Step Or Pallet Level Device** | | | | | | |  |  |  | **Handrail Safety Systems** | | | | | | |  |  |  |
| **Permissible Stretch in Escalator Chains *(not to exceed 6 mm (0.25 in.)*** | | | | | | |  |  |  | **Disconnected Motor Safety Device** | | | | | | |  |  |  |
| **Response To Smoke Detectors** | | | | | | |  |  |  | **Comb-Step, Comb-Pallet Impact Device** | | | | | | |  |  |  |
| **Skirt Obstruction Devices** | | | | | | |  |  |  | **Step, Pallet, Chain And Trusses** | | | | | |  | |  |  |
| Comments: | | | | | | | | | | | | | | | | | | |
| 5 | ASME A17.1 Requirement 8.6.1.7.2: 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. Tests shall also be recorded in the Maintenance Record. | | | | | | | | | | | | | | | | | |
| **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. *<[ACA website for online reporting]>***