



## ASME A17.1 Category 1 Periodic Tests

City of Madison Fire Dept.  
 Elevator Inspection Unit  
 314 W Dayton St  
 Madison WI 53703  
 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), Stats.]

<b>Building Name</b>	<b>Owner Name</b>	<b>Registration Tag No.</b>
<b>Street Address</b>	<b>Address</b>	<b>Regulated Object ID.</b>
<b>City, State, Zip</b>	<b>City, State, Zip</b>	<b>Manufacturer</b>

1	Type: Passenger <input type="checkbox"/> Freight <input type="checkbox"/>	Class _____	<input type="checkbox"/> Traction <input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Hydraulic <input type="checkbox"/> Winding Drum	<input type="checkbox"/> Roped Hydraulic <input type="checkbox"/> Rack and Pinion
2	Rated Capacity	Rated Speed (up)	Operating Speed (down)	Leveling Speed	
3	8.6.4.19.1	Oil Buffers: Car <input type="checkbox"/> Counterweight <input type="checkbox"/>	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		
4	8.6.4.19.2	Safeties: Type A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		
5	8.6.4.19.3	Governors	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		
6	8.6.4.19.4	Slack Rope Devices	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		
7	8.6.4.19.5	Normal and Final Terminal Limits	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		
8	8.6.4.19.6	Firefighters Emergency Operation	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		
9	8.6.4.19.8	Power Operation of Door System	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		
10	8.6.4.19.9	Broken Rope, Tape or Chain Switch	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		
11	8.6.4.19.10	E/E/PES Electrical Protective Devices	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		
12	8.6.4.19.11	Ascending Car Overspeed Protection and Unintended Car Motion Devices	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		
13	8.6.4.19.12	Traction Loss Detection Means	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		
14	8.6.4.19.13	Broken Suspension Member/Residual Strength Detection	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		
15	8.6.4.19.15	Emergency Communications	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		
16	8.6.4.19.16	Means to Restrict Hoistway or Car Door Opening	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		
17	8.6.4.19.7	Standby or Emergency Power Operation	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/> If not tested at this time, date of annual test:		
18	318.17086	Auxiliary Power/Emergency Evacuation Devices	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>		

\*\*\* Additional Tests for Hydraulic or Roped Hydraulic \*\*\*

19	8.6.5.14.1	Working Pressure _____ psi.	Relief Pressure _____ psi.	Valve Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No
20	8.6.5.14.2	Leakage testing to be performed after relief valve and system pressure testing on cylinders that are below grade and not exposed. Oil Level In Tank Start _____ Exact Time Of Test _____ Minutes Oil Level In Tank End _____ Movement Of Car _____ Inches <b>MOVEMENT OR OIL LOSS SHALL BE EXPLAINED BELOW</b>		
21	8.6.5.14.4	Flexible Hose (Test for 30 sec.)	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>	
22	8.6.5.14.5	Pressure Switch	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>	
23	8.6.5.14.3	Low Oil Protection Device	OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>	

Comments:

24 **8.6.1.7.2 Periodic Test Record:** A metal tag containing the applicable Code requirement, date test performed, and the name of the person or firm performing the test, shall be attached to the controller. Tests shall also be recorded in the Maintenance Record.

<b>The Above Tests Were Performed In Compliance With ASME A17.1 and DSPS 18</b>			
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.