



## Acceptance & Five-Year Tests

### ASME A18.1 Section 10.3, 10.4

### Platform Lift Test

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 of Test: Acceptance <input type="checkbox"/> Periodic <input type="checkbox"/>		
2	Type: Vertical Platform Lift <input type="checkbox"/> Inclined Platform Lift <input type="checkbox"/> Inclined Stairway Chairlift <input type="checkbox"/>		
3	Driving Means: Chained Hydraulic <input type="checkbox"/> Roped Hydraulic <input type="checkbox"/> Screw <input type="checkbox"/> Rack and Pinion <input type="checkbox"/> Other <input type="checkbox"/> _____		
3	Rated Capacity	Rated Speed Up	Rated Speed Down
4	Type of Safety Device: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other <input type="checkbox"/> n/a <input type="checkbox"/>		
5	10.3.3.1 Platform Safeties		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
6	Did Car Set Out of Level: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Inches Out of Level	
7	10.3.3.2 Governors		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
8	10.3.3.3 Braking System 125%		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
9	10.3.3.4 Ropes		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
10	10.3.3.5 Fastenings (Roped Hydraulic)		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
11	10.4.5 Normal Terminal Stopping Devices		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
12	10.4.6 Stop Ring		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
13	10.4.7 Bottom Cylinder Clearance		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>
14	Tested With Rated Load? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Test Satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Working Pressure:       psi.	Relief Pressure:       psi.	Valve Sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No
16	SPS 318.17086 Auxiliary Power/Emergency Evacuation Devices		OK <input type="checkbox"/> Fail <input type="checkbox"/> n/a <input type="checkbox"/>

Comments:

<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.