

# Traction Elevator Safety Test and Inspector Witness Report

(Revised 23Feb24)

## General Information

Building Name:	Manufacturer:	State Conveyance ID#:	CP-
Address:	City:	ZIP:	Local Conveyance ID #:
Install Date:	Stops:	Capacity: lbs	Job/Contract #:
Rated Speed: fpm	Duty: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight	Freight Class:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3
<b>Test Date:</b>	Test Type:	<input type="checkbox"/> Acceptance <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 5 <input type="checkbox"/> Construction use	
Inspector Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Inspector Signs Report</i>		Alternative Testing Method Used (if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Testing and Inspection Components

One of the two boxes must be checked to indicate code compliance (OK = code compliance and N/A = not applicable)  
<sup>TCO</sup> = TCO (up to 90 days from date of inspection) can be recommended in lieu of shutdown (TCO is NOT allowed at acceptance)

### CATEGORY 1 Test Items:

OK N/A	OK N/A	OK N/A	OK N/A
<input type="checkbox"/> Rope: under-sized/wear <sup>TCO</sup>	Safety Type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Limits: dir & final: up & dwn	<input type="checkbox"/> Phase I Recall operation <sup>TCO</sup>
<input type="checkbox"/> Rope: residual strength det	<input type="checkbox"/> Safety: Car (no load-slow sp)	<input type="checkbox"/> Limits: Emerg Term Stop	<input type="checkbox"/> Phase II operation <sup>TCO</sup>
<input type="checkbox"/> Rope: slack rope device	<input type="checkbox"/> Safety: CW (no load-slow sp)	<input type="checkbox"/> Limits: Norm Term Slow	<input type="checkbox"/> Phase I & II signage
<input type="checkbox"/> Rope: Broken member det	<input type="checkbox"/> Safety: Car out of level	<input type="checkbox"/> Door: closing force (≤ 30) <sup>TCO</sup>	<input type="checkbox"/> SIL: functionality
<input type="checkbox"/> Buffer data plate <sup>TCO</sup>	<input type="checkbox"/> Traction-loss det	<input type="checkbox"/> Door: electric or safety edge	<input type="checkbox"/> SIL: written checkout proc
<input type="checkbox"/> Buffer (oil): car return (90 s)	<input type="checkbox"/> Escape hatch contact	<input type="checkbox"/> Door: restrictors <sup>TCO</sup>	<input type="checkbox"/> 2-way communication <sup>TCO</sup>
<input type="checkbox"/> Buffer (oil): CW return (90 s)	<input type="checkbox"/> Stop Switches	<input type="checkbox"/> Door: interlock-gate switch	<input type="checkbox"/> Mech-visual operation
<input type="checkbox"/> Gov: manual operation	<input type="checkbox"/> Unintended mvmt (no load)	<input type="checkbox"/> Ascending over-sp (no load)	<input type="checkbox"/> Test tags installed <sup>TCO</sup>
<input type="checkbox"/> Emergency Power Operation (125% of load at acceptance only); If date is different than other test requirements, Mechanic signs below:			
Printed Name:	Signature:	Test Date:	CM#:

### CATEGORY 5 Test Items: All Category 1 items and items below (RL = rated load, RS = rated speed)

<input type="checkbox"/> Gov: trip speed	<input type="checkbox"/> Safety: car (RL+RS)	<input type="checkbox"/> Buffer: car (RL+RS)	<input type="checkbox"/> Brake: hold (125% RL)
<input type="checkbox"/> Gov: adjustments sealed	<input type="checkbox"/> Safety: CW (no load+RS)	<input type="checkbox"/> Buffer: CW (no load+RS)	<input type="checkbox"/> Brake: e-stop (125% RL+RS)
<input type="checkbox"/> Gov: rope pull-thru	<input type="checkbox"/> Safety: rail-slide	<input type="checkbox"/> Leveling zone & speed	<input type="checkbox"/> E-Brake

### INSPECTION Items: Inspect all items in Category 1 and 5 lists and items below

<input type="checkbox"/> Rope: susp means <sup>TCO</sup>	<input type="checkbox"/> Elec: wire connections tight	<input type="checkbox"/> In-car: alarm Bell & e-lights	<input type="checkbox"/> Other switches
<input type="checkbox"/> Rope: susp monitoring <sup>TCO</sup>	<input type="checkbox"/> Elec: jumpers removed	<input type="checkbox"/> Door: retainers <sup>TCO</sup>	<input type="checkbox"/> Keys available <sup>TCO</sup>
<input type="checkbox"/> MCP complete <sup>TCO</sup>	<input type="checkbox"/> Elec: proper fuses used	<input type="checkbox"/> Door: guides (gibs)	<input type="checkbox"/> MR-cartop-controller clean

Inspector's Violation Description and/or Mechanic's Test Result Comment	Shut-Down	TCO	Correction Date (Inspector only)

**Result:**  Annual CO  Temporary CO  Construction CO

## Certifications

By signing below, I certify that all statements are true to the best of my knowledge and that all testing and test witnessing was performed according to current Conveyance Regulations and the appropriate edition of ASME A17.1 Sections 8.6, 8.10 and 8.11.

Mechanic Name:	Contractor Company Name:		
Mechanic Signature:	Date:	State License #:	
Inspector Name:	Inspection Company Name:		
Inspector Signature:	Date:	DFD License #:	