

## Escalator and Moving Walk Safety Test Report

General Information	Building Name:		Manufacturer:		OPS Conveyance #: CP	
	Address:		Job/Contract #:		Local Conveyance ID:	
	City:		Zip Code:		Escalator Serves Levels ____ to ____	
	Test Date:		Normal Direction of Travel: <input type="checkbox"/> Up <input type="checkbox"/> Down <input type="checkbox"/> Up and Down			
	Year Listed on Code Data Plate:		Year of Installation:		Total Travel (ft):	
Step Skirt Performance Index	Does This Unit Have Skirt Deflection Devices? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is All Test Equipment Calibrated and Current? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Has the Escalator Skirt Been Cleaned in Preparation of the Test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the Unit Tested in the Normal Direction of Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	The Test was Performed According to Requirements of ASME A17.1 Sections 6.1.3.3.9, 8.6.8.3 and 8.11.4.2.19.					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Step/Skirt Performance Index Measurements? (Identified when looking up from the bottom on the unit.)		Left: #1:                      #2:		Right: #1                      #2:	
	Is a Skirt Deflector Required? Choose ONE of the Following (ASME A17.1 2007 Item 8.6.8.3.3)					
<input type="checkbox"/> Condition 1, a skirt deflector is not required: The index is $\leq 0.15$						
<input type="checkbox"/> Condition 2, a skirt deflector is required: The escalator was installed prior to October 4, 2002 and the index is $> 0.15$ and $\leq 0.4$						
<input type="checkbox"/> Condition 3, a skirt deflector is required: The escalator was installed after October 4, 2002 and the index is $> 0.15$ and $\leq 0.25$						
For Escalators installed After January 31, 2001, is the Loaded Gap Measurement $\leq 5$ mm or 0.2 in.? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
Have all Readouts for each Test Been Properly Labeled, Dated and Attached to this Form? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Escalators Safety Switches and Devices	All fields must be marked as Pass, Fail or if a safety device is not provided on the unit being tested, the field shall be marked as Not Applicable (N/A).					
	Brake Lining Condition: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Machine Space Light: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Broken Drive Chain Device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Machine Space Stop Switch: Top: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Bottom: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Broken Step Chain: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Missing Step Device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Comb Step Impact Devices: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Reversal Stop Device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Demarcation Lighting: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Reverse Phase Relay: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Disconnected Motor Device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Heater / Drain Exterior <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
	Variable Speed Device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Signage: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Chain Tension: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Skirt Switches: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Emergency Stop Buttons: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Speed Governor: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Handrail Chain Tension: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Step Chain Tension: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Handrail Entry Device: Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Step Level Device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A					
	Handrail Monitoring Device: Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Step Rollers: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			
	Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A					
Landing Plate Switch: Top: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Step Upthrust Device - Top		Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		
Bottom: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A				Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		
Lockable Disconnect/Circuit Breaker: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Step Upthrust Device - Bottom		Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		
				Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		
Machinery Space Cover Switch: Top: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Tandem Operation Interlock Device: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A				
Bottom: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A						
Other	MCP Logs Updated? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	<b>All Test Requirements <input type="checkbox"/> Pass* <input type="checkbox"/> Fail</b> *Pass may be checked only if all items on this test form meet adopted code requirements.					
Signatures	By signing below, I certify all statements are true to the best of my knowledge and that all testing was performed according to current adopted codes.					
	Mechanic Name:		Contractor Company Name:			
	Mechanic Signature:		Date:		State License #:	
	Inspector Name:		Inspection Company Name:			
Inspector Signature:		Date:		State License #:		