

Hydraulic Elevator Safety Test and Inspector Witness Report

(Revised 22Feb24)

General Information

Building Name:	Manufacturer:	OPS Conveyance #:	CP-
Address:	City:	ZIP:	Local Conveyance ID #:
Responsible Party Name:	Phone:	Email:	
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
Test Date:	Test Type:	<input type="checkbox"/> Acceptance & Witness Inspection <input type="checkbox"/> Category 1 <input type="checkbox"/> 5-year & Witness Inspection	
Inspector Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Inspector Signs Report</i>		

Testing and Inspection Components

^{TCO} = TCO in lieu of shutdown can be recommended (Category 1 & 5-year tests or inspection; NOT allowed at acceptance)

Relief Valve		Doors	
OK N/A	OK N/A	OK N/A	OK N/A
<input type="checkbox"/> <input type="checkbox"/> Working Pressure - No Load	<input type="checkbox"/> <input type="checkbox"/> Relief Valve Set ($\leq 150\%$ of WP)	<input type="checkbox"/> <input type="checkbox"/> Closing force (max 30) ^{TCO}	<input type="checkbox"/> <input type="checkbox"/> Guides (gibs)
Acceptance only:	<input type="checkbox"/> <input type="checkbox"/> Valve adjustment needed	<input type="checkbox"/> <input type="checkbox"/> Elec edge/safety edge	<input type="checkbox"/> <input type="checkbox"/> Retainers ^{TCO}
<input type="checkbox"/> <input type="checkbox"/> Working Pressure - Load	<input type="checkbox"/> <input type="checkbox"/> Valve adjustment sealed	<input type="checkbox"/> <input type="checkbox"/> Interlocks - gate switches	<input type="checkbox"/> <input type="checkbox"/> Restrictors ^{TCO}
<input type="checkbox"/> <input type="checkbox"/> Plunger Gripper	<input type="checkbox"/> <input type="checkbox"/> Over-Speed Valve		
Power-Down Static Test		Emergency Operations	
Time Started:	Time Ended:	<input type="checkbox"/> <input type="checkbox"/> Phase I Recall ^{TCO}	<input type="checkbox"/> <input type="checkbox"/> Phase II Operation ^{TCO}
Elapsed Time: minutes		<input type="checkbox"/> <input type="checkbox"/> Signage - Phase I and II	<input type="checkbox"/> <input type="checkbox"/> Alarm Bell
Change in Car position? Distance: inches		<input type="checkbox"/> <input type="checkbox"/> 2-way communication ^{TCO}	<input type="checkbox"/> <input type="checkbox"/> Emergency Lights
		<input type="checkbox"/> <input type="checkbox"/> Standby/E-Power (100% rated load - acceptance only)	
Safety Devices		Other Items	
<input type="checkbox"/> <input type="checkbox"/> Stop Switches: car-pit-cartop-MR-control space	<input type="checkbox"/> <input type="checkbox"/> Low-oil pressure switch	<input type="checkbox"/> <input type="checkbox"/> Test tags installed	<input type="checkbox"/> <input type="checkbox"/> Keys available ^{TCO}
<input type="checkbox"/> <input type="checkbox"/> Escape hatch contact	<input type="checkbox"/> <input type="checkbox"/> Low-oil protection	<input type="checkbox"/> <input type="checkbox"/> MCP complete ^{TCO}	<input type="checkbox"/> <input type="checkbox"/> Maint. logs updated
<input type="checkbox"/> <input type="checkbox"/> E-limits - terminal stop	<input type="checkbox"/> <input type="checkbox"/> Re-level during man lowering	<input type="checkbox"/> <input type="checkbox"/> Proper fuses used	<input type="checkbox"/> <input type="checkbox"/> Wire connections tight
<input type="checkbox"/> <input type="checkbox"/> Dir & final limits: up & down		<input type="checkbox"/> <input type="checkbox"/> MR-cartop-controller clean	<input type="checkbox"/> <input type="checkbox"/> Jumpers removed
<input type="checkbox"/> <input type="checkbox"/> Emergency Power Operation (125% of load on acceptance only); If date is different from other test requirements, Mechanic signs below:			
Printed Name:	Signature:	Test Date:	CM#:

Inspector's Violation Description and/or Mechanic's Test Result Comment	Shut-Down	TCO	Correction Date (Inspector only)
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

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:	DFDLicense #:	