

# Platform Lift Safety Test Report

General Information	Building Name:		Manufacturer:		OPS Conveyance #: CP-		
	Address:			Install Date:		Local ID:	
	City:	Zip Code:	Capacity (lbs):		Stops:	Job/Contract #:	
	Test Date:		Inspector Present? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Inspector Signs Report			Rated Speed (fpm):	
	Type of test: <input type="checkbox"/> Acceptance <input type="checkbox"/> Witnessed <input type="checkbox"/> 3 Year Test <input type="checkbox"/> 5 Year Test <input type="checkbox"/> 6 Year Test <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor *Note: Category tests are required every 5 years for lifts installed indoors and every 3 years for lifts installed outdoors. Witnessing is required every 5 years for indoor lifts and every 6 years for outdoor lifts.						
	Type of Lift: <input type="checkbox"/> Vertical Platform Lift <input type="checkbox"/> Inclined Platform Lift <input type="checkbox"/> Other:						
	Driving Means: <input type="checkbox"/> Winding Drum <input type="checkbox"/> Traction <input type="checkbox"/> Roped Sprocket <input type="checkbox"/> Chained Sprocket <input type="checkbox"/> Screw <input type="checkbox"/> Rack and Pinion <input type="checkbox"/> Direct Plunger Hydraulic <input type="checkbox"/> Roped Hydraulic <input type="checkbox"/> Level Hydraulic <input type="checkbox"/> Friction <input type="checkbox"/> Other:						
	Type of Safeties: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Drum <input type="checkbox"/> Other:						
Tested Components	<b>Regardless of the installation date of the platform lift, the items below must be tested and meet requirements of ASME A18.1 and current State Regulations.</b>				<b>A18.1 Section</b>	<b>Test Result</b>	
	Hydraulic Cylinders – Cylinders Not Exposed Must Be Tested				10.2.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Safeties – Type A and B Safeties Are Tested With No Load				10.2.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Governors				10.2.3	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Normal and Final Stopping Devices				10.2.5	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Flexible Hose and Fittings				10.2.1.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Broken Rope, Tape, or Chain Switch (The Switch that Senses Failure of the Connection)				10.2.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Slack-Rope Devices on Winding Drum Machines				10.2.7	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Braking System – Test with 125% of Rated Load (capacity)				10.3.1.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Stopping Devices (Normal/Terminal) – Test with 125% of Rated Load				10.3.4.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Ropes and Fastenings				10.1.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Rated Speed in Up Direction				10.3.4.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Rated Speed in Down Direction				10.3.4.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Door Interlocks/Gate Switches				10.1.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Emergency Stop Switch				10.1.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Emergency Signals				10.1.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
	Emergency Power Operation: (Required Since 2005)				2.12	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Battery Lowering: (Required if Emergency Power is not Provided, as of 2005)				2.12.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		
Other	Signage with MCP Location: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(per State Regs 2-3-3-3b)</small>		MCP Logs Updated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Tags Installed? <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 #:	