

Roped Hydraulic Elevator Safety Test Report

(Revised 22Feb24)

General Information

Building Name:		Manufacturer:		OPS Conveyance #:		CP-	
Address:		City:		ZIP:		Local Conveyance ID #:	
Install Date:		Stops:		Capacity: lbs		Job/Contract #:	
Test Date:		Rated Speed: fpm		Inspector Present?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, inspector signs report.</i>	
Test Type:	<input type="checkbox"/> Acceptance <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 5 Witnessed		Duty:	<input type="checkbox"/> Passenger <input type="checkbox"/> Freight		Freight Class:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Relief Valve

Piston Diameter:	in	No-Load Working Pressure:	psi	Full Load Working Pressure:	psi	
Relief Valve Setting (set at 150% or less of working pressure):		psi	Adjustment Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adjustment Sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Safeties/Governor

Mechanical and Visual Check of Governor Operation:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Governor Tripping Speed:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Speed at which Governor Tripped:		fpm	Car Safeties (Rated Load):		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Slack Rope Switch:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Overspeed Valve Operational?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Power Down Static Tests

Time Started:		Time Ended:		Elapsed Time:	min
Proper Fuses Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Connections Tight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Controller Clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relay(s) Visually Inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Change in Car Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, By What Distance?</i> in	
Oil Loss Accounted For?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If any oil loss cannot be accounted for, the elevator must be removed from service and the Authority Having Jurisdiction must be notified.</i>			

Safety Devices

Stop Switches

In Car:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Pit:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Top of Car:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Directional Limits			Final Limits		
Up:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Down:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Up:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Low Oil Protection:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Escape Hatch Contact:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Low Oil Pressure Switch:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Re-level During Manual Lowering:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	

Doors

Closing Force (max 30 lbf):		Safety Edge:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Door Guides Secure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Closing Time:	sec	Electronic Edge:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Door Interlocks/Gate Switch/Door Restriction:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Emergency Operations

Phase I Recall:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Phase I Fire Service Instruction Signage in Place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Phase II Operation:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Phase II Fire Service Instruction Signage in Place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Emergency Communication:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Alarm Bell:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
		Emergency Lights:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

E-Power Operation 125% of rated load is not required Pass Fail N/A Name: _____ CM#: _____

If date is different than other test requirements, Mechanic signs here: Signature: _____ Date: _____

Other Items

Jumpers Removed?	<input type="checkbox"/> Yes	Logs Properly Maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Test Tag Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All Test Requirements:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <i>Pass may only be checked if all items on this test form meet the adopted code requirements.</i>				

Certifications

By signing below, I certify that 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:	
Inspector Name:		State License #:	
Inspector Signature:		Inspection Company Name:	
		Date:	
		DFD License #:	