

Registration Number: EV000	ELEVATOR SAFETY SECTION WEST VIRGINIA DIVISION OF LABOR STATE CAPITOL COMPLEX BUILDING 6, ROOM 749-B CHARLESTON, WEST VIRGINIA 25305	QEI Inspector WV Number:
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Safety Tests Report

After completing this form on site, please forward it to the above listed address.

All tests are to be performed in accordance with the requirements of the ASME safety code for Elevators, Dumbwaiters, Escalators, and Platform Lifts (A17.1,A17.2,A18.1 current adopted code.)

Site Data	Site Name	Date of Test
	Site Street Address	Site Telephone No.
	Site City	Zip Code
	Site County	Installer / Manufacturer

General Data	Unit Class		Emergency Standby Power Tested	
	<input type="checkbox"/> Pass. <input type="checkbox"/> Frght. <input type="checkbox"/> Escalator <input type="checkbox"/> DW. <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
	Unit Serial Number	Fireman Service Tested ?	Rated Capacity	Type of Rails
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Lbs.	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
	Type of Mechanism		Type of Test	
<input type="checkbox"/> Traction <input type="checkbox"/> Bsmt. Drum <input type="checkbox"/> Hyd. Roped <input type="checkbox"/> Ceiling Drum <input type="checkbox"/> Hyd. Plunger <input type="checkbox"/> Screw <input type="checkbox"/> Ovh. Drum <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Other _____		<input type="checkbox"/> 5Yr. Full Load <input type="checkbox"/> Annual Gov. <input type="checkbox"/> Relief Valve <input type="checkbox"/> Oil Buffers <input type="checkbox"/> Replace Gov. <input type="checkbox"/> Ct Wgt Safeties <input type="checkbox"/> Car Safeties <input type="checkbox"/> Other--		
		Car Run By		
		Top	Bottom	
		Ft.	Ft.	
		In.	In.	
		Safety Tested With --		
		Lbs. Load	Safety Tested At --	
			F.P.M.	

Traction Unit	Rated Speed	125 % Rated Load Tested	Gov Sealed	Gov. Seal Numbers
	F.P.M.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Actual Gov. Trip Speed	Type of Governor		Gov. Jaw Pull Through
	Car	F.P.M	<input type="checkbox"/> Centrifugal <input type="checkbox"/> Rack & Pinion	Lbs.
	CWT	F.P.M	<input type="checkbox"/> Flyball <input type="checkbox"/> None	
	Overspeed Switch Tripping Speed			Release Carrier Pullout
Car			Lbs.	
CWT			Gov. Data Plate Trip Speed	
F.P.M.			F.P.M.	
Type Of Safety		Remaining Turns On Drum	Slack Cable Switch	
<input type="checkbox"/> Inst. Roll <input type="checkbox"/> Wedge Clamp <input type="checkbox"/> Flex Guide Clamp <input type="checkbox"/> Drum Operated <input type="checkbox"/> Broken Rope <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Other _____ <input type="checkbox"/> N / A		<input type="checkbox"/> N / A	<input type="checkbox"/> On Car <input type="checkbox"/> N / A <input type="checkbox"/> On Machine	
		Type Car Buffer	Type Cwt. Buffer	Buffer Stroke
		<input type="checkbox"/> Oil <input type="checkbox"/> Other <input type="checkbox"/> Spring <input type="checkbox"/> N / A	<input type="checkbox"/> Oil <input type="checkbox"/> Other <input type="checkbox"/> Spring <input type="checkbox"/> N / A	CAR Inches CWT. Inches

Hydro.	Empty Pressure	Working Pressure	Static Pressure	Relief Valve Opened At --	Pist. Dia
	Psi.	Psi.	Psi.	Psi.	Inches
	15 Min. StandTest	Working Press. Posted?	The Relief Valve Was Tested By ---		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Engaging The Stop Ring <input type="checkbox"/> Using Shutoff Valve		
Rated Speed	Was there any change in car position which cannot be accounted for by visible leakage or temperature change?				
F.P.M.	<input type="checkbox"/> Yes <input type="checkbox"/> No				

ESC.	Safety Devices Tested				
	<input type="checkbox"/> Broken Step / Chain Device <input type="checkbox"/> Drive Chain / Tread. Device <input type="checkbox"/> Governor (If provided) <input type="checkbox"/> Fire Shutters	<input type="checkbox"/> Stop Switch <input type="checkbox"/> Skirt Obstruct. Switch <input type="checkbox"/> Starting Switch <input type="checkbox"/> Brakes	<input type="checkbox"/> Reversal Stop Device <input type="checkbox"/> Step Up Thurst Device <input type="checkbox"/> Anti Roll Back <input type="checkbox"/> Other Devices		
	Torque of Brake	Number of Exposed Steps	Number of Comb Plate Teeth Missing		
Ft. Lbs.		Top Land	Bottom Land		

I certify that the above test (s) have been performed in accordance with the ASME codes and all applicable seals and tags are in there proper place.

Name of Elevator Company _____ **Mechanic's Name** _____

Please Print

Mechanic's Signature _____ **Mechanic's License#** _____

Signature of Witnessing Inspector _____ **WV#** _____ **Date** _____

FORM #100
Revised Date: 7/1/10