



Annual and 5-Year Electric Elevator Safety Test Form

Test form must be left within the on-site documents (MCP) and will be reviewed during the next state inspection. Test form must also be submitted within five days of the completion of the test to: elevators@com.ohio.gov or Fax.

Safety tests are required to be performed as outlined in ASME A17.2, A17.1 (part 8) and Ohio Revised Code Section 4105, including acceptance testing for new and altered equipment

| | | | |
|---------------------------------|------------------|---|-----------------------------------|
| Owner ID: | | State ID: | |
| Location: | | Address: | |
| City: | | ZIP: | County: |
| Company Conducting Test: | | Person Conducting Test: Print | |
| Address: | | City: | Signature: |
| Phone: | | Email: | Date: |
| Type of Unit (check one) | | Type of Drive (check one) | |
| Passenger | Special Service | Traction | Elevator Make & Model: |
| Freight | Sidewalk Freight | Drum | |
| LULA | Stage Lift | Rack & Pinion | |
| Dumbwaiter | Other: | Other (specify): | |
| Unit Details | | | |
| | | Type of Guide Rails: Wood or Steel | |
| | | Capacity: _____ lbs. | |
| | | Rated Speed: _____ fpm | |
| | | Floors Served: _____ | |

**** Complete this section for Annual and 5 Year Safety Tests for Governors and Safeties (No Load)**

| | PASS | FAIL | N/A | Type of safety | | | |
|--------------------|------|------|-----|----------------|---|---|-------------------------------------|
| | | | | A | B | C | Slack Rope |
| Annual Test | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | # of turns left on drum: _____ |
| | | | | | | | |
| | | | | | | | Car Door Force(≤30 lbf): lbf |
| | | | | | | | Car Door Time: sec |

**** Complete this section and the above Annual Safety Test Portion for a 5-Year Load Test for Governors and Safeties**

| | | | | |
|---------------------------|---|--|--|--------------------------------------|
| 5-Year Safety Test | Annual portion above completed? (Safety Test) | | | ELE Trip speed up: fpm |
| | Pull through test performed? (≤20% ultimate breaking strength of rope, type B only) | | | ELE Trip speed down: fpm |
| | Safety tests performed with rated load? | | | Car-Mech-Trip Speed: fpm |
| | Safety test performed at rated speed or governor tripping speed for acceptance? | | | Car-Safety Slide Dist.: in |
| | After safeties were applied, did the platform remain level after testing? (±½ inch) | | | Car-Gov Pull-Thr Fce: ft-lb |
| | Normal brake tested with 125% of rated loaded (safely lower and hold) | | | Unintended Mvment UP Dist: in |
| | Ascending and unintended movement device tested with weights? (per MCP / A17.1) | | | Unintended Mvment DN Dist: in |
| | Car and counterweight oil buffer tested at rated speed & load (≤90 second return) | | | CW-Gov Pull-Thr Fce: ft-lb |
| | Does the unit have counterweight (CW) safeties? | | | CW-Mech-Trip-Speed: fpm |
| | Test tags affixed to the appropriate devices and locations? | | | CW-Safety Slide Dist.: in |

**** Complete the following for both Annual and 5-Year Safety Test**

| Both Annual & 5 YR | | | | | Comments: | |
|-------------------------------|---|--|--|--|-----------|------------|
| | All emergency stop, operating controls, and normal/final terminal devices tested? | | | | | |
| | Where provided, were the emergency terminal stopping/speed limiting devices verified? | | | | | |
| | Where provided, were the broken rope, tape switches tested? | | | | | |
| | Leveling zone, leveling speed, and inner-landing zone tested? | | | | | |
| | All doors and gates in proper working order? | | | | | |
| | The manual operations and/or standby power tested? | | | | | |
| | All test tags and Maintenance records updated? JUMPERS been removed? | | | | | |
| | Did the unit pass all testing requirements prior to being returned to service? | | | | | |
| | | | | | | YES |