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| --- | --- | --- |
|  | **ASME A17.1 Category 1 Periodic Tests** | **City of Madison Fire Dept.****Elevator Inspection Unit****314 W Dayton St****Madison WI 53703****Phone: (608) 266-5909****Fax: (608) 267-1100****www.madisonfire.org** |

**Instructions: Please TYPE or PRINT CLEARLY the information requested on this form.**

**Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m), Stats.]**

|  |  |  |
| --- | --- | --- |
| Building Name | Owner Name | Registration Tag No. |
| Street Address | Address | **Regulated Object ID.** |
| City, State, Zip | City, State, Zip | Manufacturer |
| **1** | **Type:** | **Passenger** **[ ]**  |  |  | **[ ]  Traction** | **[ ]  Hydraulic** | **[ ]  Roped Hydraulic** |
| **Freight [ ]**  | **Class**       |  | **[ ]  Dumbwaiter** | **[ ]  Winding Drum** | **[ ]  Rack and Pinion** |
| **2** | **Rated Capacity**  | **Rated Speed (up)**  | **Operating Speed** **(down)** | **Leveling Speed** |
| **3** | **8.6.4.19.1** | **Oil Buffers: Car [ ]  Counterweight [ ]**  | **OK [ ]**  | **Fail [ ]**  | **n/a** **[ ]**  |
| **4** | **8.6.4.19.2** | **Safeties: Type A [ ]  B [ ]  C [ ]**  | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **5** | **8.6.4.19.3** | **Governors** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **6** | **8.6.4.19.4** | **Slack Rope Devices** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **7** | **8.6.4.19.5** | **Normal and Final Terminal Limits** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **8** | **8.6.4.19.6** | **Firefighters Emergency Operation** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **9** | **8.6.4.19.8** | **Power Operation of Door System** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **10** | **8.6.4.19.9** | **Broken Rope, Tape or Chain Switch** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **11** | **8.6.4.19.10** | **E/E/PES Electrical Protective Devices** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **12** | **8.6.4.19.11** | **Ascending Car Overspeed Protection and Unintended Car Motion Devices** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **13** | **8.6.4.19.12** | **Traction Loss Detection Means** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **14** | **8.6.4.19.13** | **Broken Suspension Member/Residual Strength Detection** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **15** | **8.6.4.19.15** | **Emergency Communications** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **16** | **8.6.4.19.16** | **Means to Restrict Hoistway or Car Door Opening** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **17** | **8.6.4.19.7** | **Standby or Emergency Power Operation** | **OK [ ]  Fail [ ]  n/a [ ]** **If not tested at this time, date of annual test:**  |
| **18** | **318.17086** | **Auxiliary Power/Emergency Evacuation Devices** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| ***\*\*\**** | ***Additional Tests for Hydraulic or Roped Hydraulic*** | **\*\*\*** |
| **19** | **8.6.5.14.1**  | **Working Pressure**       **psi.** | **Relief Pressure**       **psi.** | **Valve Sealed:** **[ ]  Yes [ ]  No** |
| **20** | **8.6.5.14.2** | **Leakage testing to be performed after relief valve and system pressure testing on cylinders that are below grade and not exposed.**  |  | **Exposed****Cylinder?** | **[ ]  Yes** |
|  |  | **Oil Level In Tank Start** |       | **Exact Time Of Test**  |       **Minutes** |
|  |  | **Oil Level In Tank End** |       | **Movement Of Car**  |       **Inches** |  |  |  |
|  |  | **MOVEMENT OR OIL LOSS SHALL BE EXPLAINED BELOW** |  |  |  |
| **21** | **8.6.5.14.4** | **Flexible Hose (Test for 30 sec.)** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **22** | **8.6.5.14.5** | **Pressure Switch** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **23** | **8.6.5.14.3** | **Low Oil Protection Device** | **OK [ ]**  | **Fail [ ]**  | **n/a [ ]**  |
| **Comments:** |
| **24** | **8.6.1.7.2 Periodic Test Record: A metal tag containing the applicable Code requirement, date test performed, and the name of the person or firm performing the test, shall be attached to the controller. Tests shall also be recorded in the Maintenance Record.** |
| The Above Tests Were Performed In Compliance With ASME A17.1 and DSPS 18 |
| **Firm Performing Test** | **Address** | **City, State, Zip** | **Date of Test** |
| **Name and License Number of Person Performing Test (Print)** | **Signature of Person Performing Test** |
| **Reports Shall Be Filed With the Madison Fire Department Within 15 (Fifteen) Days of Performing Test.** |