



## Category 5 Hydraulic Elevator Periodic Test

### ASME A17.1 Section 8.6.5.16

|                |        |     |                  |  |              |
|----------------|--------|-----|------------------|--|--------------|
| Building Name  |        |     | Owners Name      |  | State No. NV |
| Street Address |        |     | Address          |  |              |
| City           | County | Zip | City, State, Zip |  |              |

|   |                                                                                                                |                              |                                                          |
|---|----------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------|
| 1 | Type: Passenger: <input type="checkbox"/><br>Freight: <input type="checkbox"/> Class: <input type="checkbox"/> | Use:                         |                                                          |
| 2 | Operating Speed (down):                                                                                        | fpm                          | Leveling Speed : fpm                                     |
| 3 | 8.6.5.16.2 Coated Ropes                                                                                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> n/a <input type="checkbox"/> |
| 4 | 8.6.5.16.3 Rope Fastenings Roped Hydraulic Elevators                                                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> n/a <input type="checkbox"/> |
| 5 | 8.6.5.16.4 Plunger Gripper (with rated load)                                                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> n/a <input type="checkbox"/> |
| 6 | 8.6.5.16.5 Overspeed Valve(s) (with rated load) Note: See additional test below                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> n/a <input type="checkbox"/> |
| 7 | 8.6.5.16.6 Hydraulic Freight Elevators Class C-2 loading only                                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> n/a <input type="checkbox"/> |
| 8 | 8.6.1.7.2 (Periodic Test Record in form of tags)                                                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> n/a <input type="checkbox"/> |

|                                                                                                                       |                                                                                                                                          |                                  |                                                            |                                 |                                                          |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------|---------------------------------|----------------------------------------------------------|
| 1. Type of Safety Device:                                                                                             | A <input type="checkbox"/>                                                                                                               | B <input type="checkbox"/>       | Flexible guide clamp <input type="checkbox"/>              | C <input type="checkbox"/>      | Other                                                    |
| Car <input type="checkbox"/> Counterweight <input type="checkbox"/>                                                   |                                                                                                                                          |                                  | Wedge clamp / Gradual-wedge clamp <input type="checkbox"/> |                                 |                                                          |
| 2. Manufacturer of Safety Device: Car:                                                                                |                                                                                                                                          |                                  | Safety Device ID Number:                                   |                                 |                                                          |
| 3. Manufacturer of Speed Governor:                                                                                    |                                                                                                                                          |                                  | Speed Governor ID. Number:                                 |                                 |                                                          |
| 4. Governor Jaws                                                                                                      | Bronze <input type="checkbox"/>                                                                                                          | Iron <input type="checkbox"/>    | Condition of Jaws                                          | Before:                         | After:                                                   |
| 5. Type of Governor Rope                                                                                              | Manila <input type="checkbox"/>                                                                                                          | Iron <input type="checkbox"/>    | Steel <input type="checkbox"/>                             | 6 X 19 <input type="checkbox"/> | 8 X 19 <input type="checkbox"/>                          |
| 6. Governor Rope Pull Through:                                                                                        | lbs.                                                                                                                                     | Governor Rope Pull Out:          | lbs.                                                       | Size (dia.)                     |                                                          |
| 7. Governor Tripping Speed:                                                                                           | Governor Overspeed Switch Tripping Speed:                                                                                                |                                  |                                                            |                                 |                                                          |
| 8. Was Governor Readjusted?                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                 | Was Overspeed Switch Readjusted? | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Resealed?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Stopping Distance:                                                                                                 | inches. Note: The stopping distance is the average length of the continuous marks after deducting the length of the safety jaw or wedge. |                                  |                                                            |                                 |                                                          |
| 10. Did Car Set Out of Level:                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                 | If Yes, Inches Out of Level:     |                                                            |                                 |                                                          |
| 11. Condition of Guide Rails After Test:                                                                              | <input type="checkbox"/> Good <input type="checkbox"/> Not Good                                                                          | Wooden Guides Replaced:          | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                 |                                                          |
| 12. Was Test Made With Rated Load?                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                 | Was Test Satisfactory?           | <input type="checkbox"/> Yes <input type="checkbox"/> No   | If Not, Explain                 |                                                          |
| 13. Is test satisfactory and in accordance with the code in effect in time of original installation and/or alteration | Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>                                                    |                                  |                                                            |                                 |                                                          |
| If no, state reason                                                                                                   |                                                                                                                                          |                                  |                                                            |                                 |                                                          |

### Over-speed Valve Test Additional Requirements

|                                                                             |
|-----------------------------------------------------------------------------|
| Empty Full Speed Up -                                                       |
| Empty Full Speed Dn -                                                       |
| Full Load Up Speed -                                                        |
| Full Load Down Speed -                                                      |
| Overspeed Valve Tripping Speed (110%-140% operating speed down direction) - |

Notes: \_\_\_\_\_

| The Above Test Were Performed in Compliance With ASME A17.1 and NAC 455C. 400-528 & Section 2 to 14 |                                                                 |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Firm Performing Test                                                                                | Date of Test                                                    |
| Print Name / License No. / Signature of Person Performing Tests                                     | Print Name / License No. / Signature of Person Witnessing Tests |

Reports shall be filed with the Mechanical Compliance Section within 10 (ten) days of Performing Test. One copy to be retained by an Authorized Inspection Agency