



Category 1 Periodic Escalator & Moving Walk Test Record ASME A17.1 Section 8.6.8.15

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

1 Type: Escalator: Moving Walk:

2 Normal direction of travel: Up: Down:

8.6.8.15 Periodic Inspection and Test Requirements: Category 1		Is test satisfactory?	Date of Test:
3	8.6.8.15.1 Machine Space	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
4	8.6.8.15.2 Stop Switch	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
5	8.6.8.15.3 Controller and Wiring	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
6	8.6.8.15.4 Drive Machine and Brake	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
7	8.6.8.15.5 Speed Governor	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
8	8.6.8.15.6 Broken Drive Chain Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
9	8.6.8.15.7 Reversal Stop Switch	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
10	8.6.8.15.8 Broken Step Chain or Treadway Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
11	8.6.8.15.9 Step Upthrust Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
12	8.6.8.15.10 Missing Step or Pallet Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
13	8.6.8.15.11 Step or Pallet Level Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
14	8.6.8.15.12 Steps, Pallet, Step or Pallet Chain, and Trusses	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
	(a) Number of Steps Removed	Qty.	
15	8.6.8.15.13 Handrail Safety Systems	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
16	8.6.8.15.14 Heaters (Outdoor Units)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
17	8.6.8.15.15 Permissible Stretch in Escalator Chains	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
18	8.6.8.15.16 Disconnected Motor Safety Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
19	8.6.8.15.17 Response to Smoke Detectors	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
20	8.6.8.15.18 Comb-Step or Comb-Pallet Impact Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
21	8.6.8.15.21 Inspection control devices	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
22	8.6.8.15.22 Step Lateral Displacement Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
23	8.6.8.15.23 Seismic Risk Zones 2 or Greater	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
24	8.6.8.15.24 Maintenance of Seismic Devices	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	

25 Is test satisfactory and in accordance with the code in effect at time of original installation and/or alteration? If no, state reason: Yes No

NOTES: _____



Periodic Inspection and Test for Escalator & Moving Walk ASME A17.1 Section 8.11.4.1

8.11.4.1 Periodic Inspection and Test Requirements:	Is test satisfactory?	Date of Test:
26 General Fire Protection (Items 7.1 and 9.1)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
27 Geometry (Items 7.2 and 9.2)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
28 Handrails (Items 7.3 and 9.3)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
29 Entrance and Egress (Items 7.4 and 9.4)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
30 Lighting (Items 7.5 and 9.5)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
31 Caution Signs (Items 7.6 and 9.6)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
32 Combplate (Items 7.7 and 9.7)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
33 Deck Barricade Guard and Antislid Devices (Items 7.8 and 9.8)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
34 Steps and Treadway (Items 7.9 and 9.9)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
35 Operating Devices (Items 7.10 and 9.10)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
36 Skirt Obstruction Devices (Item 7.11)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
37 Handrail Entry Device (Items 8.13 and 10.13)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
38 Egress Restriction Device (Items 7.13 and 9.13)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
39 Speed (Items 7.14 and 9.14)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
40 Balustrades (Items 7.15 and 9.15)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
41 Ceiling Intersection Guards (Items 7.16 and 9.16)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
42 Skirt Panels (Items 7.17 and 9.17)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
43 Outdoor Protection (Items 7.18 and 9.18)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
44 Machine Space Access, Lighting, Receptacle, and Condition (remote machine rooms only) (Items 8.1 & 10.1)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
45 Additional Stop Switch(es) (Items 8.2 and 10.2)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
46 Controller and Wiring (Items 8.3 and 10.3)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
47 Code Data Plate (2.23.2) (Items 8.14 and 10.14)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
48 Section 8.6.1.7.2 (Periodic test record in the form of tags)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
49 Is Step/Skirt testing required? If yes, fill out attached test form (Page 3 of 3)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
50 Is test satisfactory and in accordance with the code in effect at time of original installation and/or alteration? If no, state reason:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

If test(s) proved unsatisfactory, indicate the reason and provide a written statement as to why the unit failed. The statement must be filed with the MCS immediately. **THE UNIT MAY NOT RETURN TO SERVICE IF ANY SAFETY DEVICE FAILED** unless the device was repaired and successfully re-tested.

The Above Tests Were Performed In Compliance With ASME A17.1 and NAC455C. 400-528 & Section 2 to 14	
Firm Performing Tests	Date of Test
Print Name / License No./ Signature of Person Performing Tests	Print Name / License No./ Signature of Person Witnessing Tests

**This report shall be filed with the Mechanical Compliance Section within ten (10) days of completion of all test.
 This report shall be submitted every twelve (12) months.**

ASME A17.1 8.6.8.15.19 & 8.6.8.3 Step/Skirt Performance Index & 8.6.8.15.20 Clearance Between Step and Skirt (Loaded Gap).

State No. NV _____

Rated Speed: _____ fpm. **Capacity:** _____ lbs. **Normal Direction of travel:** Up Down

1. ASME A17.1 8.6.8.15.19 Step/Skirt Performance Index: The escalator skirt shall not be cleaned, lubricated, or otherwise modified in preparation for testing. The escalator instantaneous step/ skirt index measurements shall be recorded at intervals no larger than 150 mm (6 in.) from each side of two distinct steps along the inclined portion of the escalator, where the steps are fully extended. Test steps shall be separated by a minimum of 8 steps.

Step 1 Left: _____ Right: _____ **Step 2** Left: _____ Right: _____

2. ASME A17.1 8.6.8.15.20 Clearance between Step and Skirt (Loaded Gap). Loaded gap measurements shall be taken at intervals not exceeding 300 mm (12 in.) in transition region (8.6.8.2 & .3) and before the steps are fully extended. These measurements shall be made independently on each side of the escalator.

Top Landing Left: _____ Right: _____ **Bottom Landing** Left: _____ Right: _____

3. Skirt deflector brushes to be installed? : Yes No

NOTES: _____

The Above Tests Were Performed In Compliance With ASME A17.1 and NAC455C. 400-528 & Section 2 to 14	
Firm Performing Test	Date of Test
(Print) Name/ License No/ and Signature of Person Performing Tests	(Print) Name, License No. and Signature of Person Witnessing Tests