



Category 1 Hydraulic Elevator Periodic Test Record
ASME A17.1- Req. 8.6.5.14.1 & 8.6.5.14.2

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

1. **ASME A17.1 Requirement 8.6.5.14.1:** The relief valve setting shall be tested to determine that it will bypass the full output of the pump before the pressure exceeds 150% of the working pressure and that the system will withstand this pressure.
*Calculations are not permitted in lieu of actual working pressure.

Was the valve adjusted and re-sealed? Yes No Valve Sealed: Yes No

2. **ASME A17.1 Requirement 8.6.5.14.2:** This test shall be performed after the relief valve setting and system pressure test in 8.6.5.14.1. Cylinders, which are exposed, shall be visually inspected. Cylinders, which are not exposed, shall be tested. After a minimum of 15 minutes a change in car position which cannot be accounted for by visible oil leakage, valve leakage, or temperature change indicates a leak in the unexposed portion of the cylinder or the piping.

Change in oil level in tank start: inches Change in car position: inches.

Exact Time of Test: Minutes Movement of Car: Inches.

Test shows compliance with requirements Test shows leakage, Replacement required

ASME A17.1 Section 8.6.5.14 & 8.6.7

1	Type: Passenger: <input type="checkbox"/> Freight: <input type="checkbox"/> Class:	Use:	
2	Operating Speed: (down) fpm	Leveling Speed: fpm	
8.6.5.14 Periodic Inspection and Test Requirements: Category 1			Date of Test:
3	8.6.5.14.2 Hydraulic Cylinders and Pressure Piping.		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
4	8.6.5.14.3 (a) Normal Terminal Stopping Devices		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
5	8.6.5.14.3 (b) Governors, Overspeed Switch, and Seals		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
6	8.6.5.14.3 (c) Safeties: (No Load)Type: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
7	8.6.5.14.3 (d) Oil Buffers Car <input type="checkbox"/> CWT <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
8	8.6.5.14.3 (e) Firefighter's Emergency Operation		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
8.a	8.6.5.14.3 (e.1) Is the Report of Fire Testing received and signed by Nevada State Fire Marshal licensed Fire Alarm Contractor and Elevator Service Company with C7 license?		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
9	8.6.5.14.3 (f) Standby Power Operation (No Load)		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
10	8.6.5.14.3 (g) Power Operations of Door System		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
11	8.6.5.14.3 (h) Emergency Terminal Speed Limiting Devices		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
12	8.6.5.14.3 (i) Low Oil Protection Operation		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
13	8.6.5.14.4 Flexible Hose and Fitting Assemblies		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
14	8.6.5.14.5 Pressure Switch		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
15	8.6.5.14.6 Power Operation of Door System		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
16	8.6.5.14.7 Slack Rope Device		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
17	8.6.4.19.15 Emergency Communications (alarm, phone & lighting)		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
18	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"/>
19	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"/> n/a <input type="checkbox"/>

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. and Signature of Person Performing Test	Print Name, License No. and Signature of Person Witnessing Test

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