



Category 5 Electric Elevator Periodic Test

ASME A17.1 Section 8.6.4.20

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

1 Type: Passenger: Freight: Use: Class:

2	Operating Speed (down) :	Leveling Speed:	Date of Test	Remarks
3	8.6.4.20.3 Oil Buffers: Car: <input type="checkbox"/> Counterweight: <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
4	8.6.4.20.4 Braking System (with 125% rated load).	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
5	8.6.4.20.6 Emergency Terminal Stopping and Speed Limiting Devices.	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
6	8.6.4.20.7 Power Opening of Doors.	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
7	8.6.4.20.8 Leveling Zone and Leveling Speed.	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
8	8.6.4.20.9 Inner Landing Zone.	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
9	8.6.4.20.10 Braking System, Traction, & Traction Limits	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
10	8.6.4.20.11 Emergency Brake	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
11	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"/>		

1. Type of **Safety** Device: Car Counterweight A B Flexible guide clamp Wedge clamp / Gradual-wedge clamp C Other

2. Manufacturer of Safety Device: Car: _____ Safety Device ID Number: _____

3. Manufacturer of Speed Governor: _____ Speed Governor ID. Number: _____

4. Governor Jaws Bronze Iron Condition of Jaws Before: _____ After: _____

5. Type of Governor Rope Manila Iron Steel 6 X 19 8 X 19 Size (dia.) _____

6. Governor Rope Pull Through: _____ lbs. Governor Rope Pull Out: _____ lbs.

7. Governor Tripping Speed: _____ Governor Overspeed Switch Tripping Speed: _____

8. Was Governor Readjusted? Yes No Was Overspeed Switch Readjusted? Yes No Resealed? Yes 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: Yes No If Yes, Inches Out of Level: _____

11. Condition of Guide Rails After Test: Good Not Good Wooden Guides Replaced: Yes No

12. Was Test Made With Rated Load? Yes No Was Test Satisfactory? Yes No If Not, Explain _____

13. Is test satisfactory and in accordance with the code in effect at time of original installation and/or applicable alteration: Yes No n/a
If no, state reason _____

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. Copy to be retained by Authorized Inspection Agency