



ELEVATOR TEST RECORD
Electric Elevator

Category 1 Electric Elevator Periodic Test			
ASME A17.1 Sections 8.6.4.19 & 8.6.7			
Owners Name:		Address:	
State Number: NV		City, State, Zip:	
Type:		Class:	
Freight: <input type="checkbox"/> Passenger: <input type="checkbox"/>			
Date Test Completed:		Running Speed: (Up)	
		Running Speed: (Down)	
8.6.4.19 Periodic Test Requirements – Category 1			
Checklist:			Is Test Satisfactory?
1	8.6.4.19.1 Oil Buffers: Car <input type="checkbox"/> Counterweight <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
2	8.6.4.19.2 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"/>
3	8.6.4.19.3 Governors		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
4	8.6.4.19.4 Slack-Rope Devices on Winding Drum Machines		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
5	8.6.4.19.5 Normal and Final Terminal Stopping Devices		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
6	8.6.4.19.6 Firefighters' Emergency Operation		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
6*	8.6.4.19.6 Is the Report of Fire Testing received and signed by Nevada State Fire Marshal licensed Fire Alarm Contractor & Elevator Service Company with C7 license?		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
7	8.6.4.19.7 Standby or Emergency Power Operation (No Load)		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
8	8.6.4.19.8 Power Operation of Door System		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
9	8.6.4.19.9 Broken Rope, Tape, or Chain Switch		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
10	8.6.4.19.10 Functional Safety of SIL Rated Device(s)		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
11	8.6.4.19.11 Ascending Car Overspeed Protection and Unintended Car Motion Devices		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
12	8.6.4.19.12 Traction-Loss Detection Means		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
13	8.6.4.19.13 Broken-Suspension-Member & Residual-Strength Detection Means		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
14	8.6.4.19.14 Occupant Evacuation Operation		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
15	8.6.4.19.15 Emergency Communications (alarm, phone, lighting)		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
16	8.6.4.19.16 Means to Restrict Hoistway or Car Door Opening		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
***	Test conforms to the Code in effect at time of original installation; and requirements at the time of any alteration; and ASME A17.3		Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, explain)
The Above Tests Were Performed In Compliance With ASME A17.1 and NAC 455C. 400-530			
Firm Performing Test:		Firm Witnessing Test:	
Digital Signature:		Digital Signature:	
Mechanic (Print/License#/Sign or E-Sign):		Inspector (Print/QEI#/Sign or E-Sign):	

Report shall be filed with the Mechanical Compliance Section within ten (10) days of performing test
One copy to be retained by Authorized Inspection Agency