



Category 1 Electric Elevator Periodic Test Record
ASME A17.1 Sections 8.6.4.19 & 8.6.7

Building Name:		Address:		City, State, Zip:	
Owners Name:		Address:		City, State, Zip:	
State Number:		Type:		Class:	
NV		Freight: <input type="checkbox"/> Passenger: <input type="checkbox"/>			
Running Speed: (Up)		Running Speed: (Down)		Leveling Speed:	

8.6.4.19 Periodic Test Requirements – Category 1

Checklist:	Inspected:	Date:
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)	

NOTES:

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

**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**