



**ELEVATOR TEST RECORD**  
**Electric Elevator**

<b>Category 1 Electric Elevator Periodic Test</b>			
<b>ASME A17.1 Sections 8.6.4.19 &amp; 8.6.7</b>			
<b>Owners Name:</b>		<b>Address:</b>	
<b>State Number: NV</b>		<b>City, State, Zip:</b>	
<b>Type:</b>		<b>Class:</b>	
Freight: <input type="checkbox"/> Passenger: <input type="checkbox"/>			
<b>Date Test Completed:</b>		<b>Running Speed: (Up)</b>	
<b>8.6.4.19 Periodic Test Requirements – Category 1</b>			
<b>Checklist:</b>			<b>Is Test Satisfactory?</b>
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 <b>Report of Fire Testing</b> 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)	
<b>The Above Tests Were Performed In Compliance With ASME A17.1 and NAC 455C. 400-528 &amp; Section 2 to 14</b>			
<b>Firm Performing Test:</b>		<b>Digital Signature:</b>	
<b>Firm Witnessing Test:</b>		<b>Digital Signature:</b>	
<b>Mechanic (Print/License#/Sign or E-Sign):</b>		<b>Inspector (Print/QEI#/Sign or E-Sign):</b>	

**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**