



TEST RECORD
Escalator & Moving Walk

Category 1 Periodic Escalator & Moving Walk Test Record		
ASME A17.1 Sections 8.6.8.15		
Owners Name:	Address:	City, State, Zip:
State Number: NV	Type: Escalator: <input type="checkbox"/> Moving Walk: <input type="checkbox"/>	Normal Direction of Travel: Up: <input type="checkbox"/> Down: <input type="checkbox"/>
Date Test Completed:	Running Speed: (Up)	Running Speed: (Down)
8.6.8.15 Periodic Inspection and Test Requirements – Category 1		
Checklist:		Is Test Satisfactory?
1	8.6.8.15.1 Machine Space (Items 8.1 & 10.1)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
2	8.6.8.15.2 Stop Switch (Items 8.2 & 10.2)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
3	8.6.8.15.3 Controller and Wiring (Items 8.3 & 10.3)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
4	8.6.8.15.4 Drive Machine and Brake (Items 8.4 & 10.4)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
5	8.6.8.15.5 Speed Governor (Items 8.5 & 10.5)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
6	8.6.8.15.6 Broken Drive Chain Device (Items 8.6 & 10.6)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
7	8.6.8.15.7 Reversal Stop Switch (Items 8.7 & 10.7)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
8	8.6.8.15.8 Broken Step Chain or Treadway Device (Items 8.8 & 10.8)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
9	8.6.8.15.9 Step Upthrust Device (Items 7.9 & 8.9)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
10	8.6.8.15.10 Missing Step or Pallet Device (Items 8.10 & 10.10)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
11	8.6.8.15.11 Step or Pallet Level Device (Items 8.11 & 10.11)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
12	8.6.8.15.12 Steps, Pallet, Step or Pallet Chain, and Trusses (Items 8.12 & 10.12)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
12*	Total Number of Steps/Pallets Removed: _____ Total Number of Steps/Pallets on the Unit: _____	Percentage Removed: _____ %
13	8.6.8.15.13 Handrail Safety Systems (Items 8.13 & 10.13) (Items 7.3 & 9.3)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
14	8.6.8.15.14 Heaters – Outdoor Units (Items 8.3 & 10.3)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
15	8.6.8.15.15 Permissible Stretch in Escalator Chains (Item 7.9)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
16	8.6.8.15.16 Disconnected Motor Safety Device (Items 8.6 & 10.6)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
17	8.6.8.15.17 Response to Smoke Detectors (Items 8.15 & 10.15)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
18	8.6.8.15.18 Comb-Step or Comb-Pallet Impact Device (Items 7.7.2 & 9.7.2)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
19	8.6.8.15.19 Step/Skirt Performance Index (If Yes, Include Page 3 of 3)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
20	8.6.8.15.20 Clearance Between Step & Skirt (Loaded Gap) (If Yes, Include Page 3 of 3)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
21	8.6.8.15.21 Inspection Control Devices	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
22	8.6.8.15.22 Step Lateral Displacement Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
23	8.6.8.15.23 Seismic Risk Zones 2 or Greater (Items 7.20.2 & 9.20.2)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
24	8.6.8.15.24 Maintenance of Seismic Devices	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	8.11.4.1 Periodic Inspection and Test Requirements	Proceed to Page 2



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8.11.4.1 Periodic Inspection and Test Requirements		State Number: NV
Checklist:		Is Test Satisfactory?
a	General Fire Protection (Items 7.1 and 9.1)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
b	Geometry (Items 7.2 and 9.2)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
c	Handrails (Items 7.3 and 9.3)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
d	Entrance and Egress (Items 7.4 and 9.4)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
e	Lighting (Items 7.5 and 9.5)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
f	Caution Signs (Items 7.6 and 9.6)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
g	Combplate (Items 7.7 and 9.7)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
h	Deck Barricade Guard and Antislid Devices (Items 7.8 and 9.8)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
i	Steps and Treadway (Items 7.9 and 9.9)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
j	Operating Devices (Items 7.10 and 9.10)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
k	Skirt Obstruction Devices (Item 7.11)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
l	Handrail Entry Device (Items 8.13 and 10.13)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
m	Egress Restriction Device (Items 7.13 and 9.13)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
n	Speed (Items 7.14 and 9.14)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
o	Balustrades (Items 7.15 and 9.15)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
p	Ceiling Intersection Guards (Items 7.16 and 9.16)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
q	Skirt Panels (Items 7.17 and 9.17)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
r	Outdoor Protection (Items 7.18 and 9.18)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
s	Machine Space Access, Lighting, Receptacle, and Condition (for remote machine rooms only) (Items 8.1 & 10.1)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
t	Additional Stop Switch(es) (Items 8.2 and 10.2)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
u	Controller and Wiring (Items 8.3 and 10.3)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
v	Code Data Plate (2.23.2) (Items 8.14 and 10.14)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
*	Section 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"/>
**	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:	Digital Signature:	Firm Witnessing Test:	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**



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ASME A17.1 – 8.6.15.19 & 8.6.8.3 Step/Skirt Performance Index And 8.6.8.15.20 Clearance between Step and Skirt (Loaded Gap)			
State of Nevada Number: NV		Rated Speed: _____ fpm	
Capacity: _____ lbs.		Normal Direction of Travel: Up: <input type="checkbox"/> Down: <input type="checkbox"/>	
1	ASME A17.1 8.6.8.15.19 Step/Skirt Performance Index:		
The escalator skirt shall not be cleaned, lubricated, or otherwise modified in preparation for testing. The escalator instantaneous step/ skirt index measurements shall be recorded at intervals no larger than 150 mm (6 in.) from each side of two distinct steps along the inclined portion of the escalator, where the steps are fully extended. Test steps shall be separated by a minimum of 8 steps.			
Step 1:		Step 2:	
Left:	Right:	Left:	Right:
2	ASME A17.1 8.6.8.15.20 Clearance between Step and Skirt (Loaded Gap):		
Loaded gap measurements shall be taken at intervals not exceeding 300 mm (12 in.) in transition region (8.6.8.2 & 8.6.8.3) and before the steps are fully extended. These measurements shall be made independently on each side of the escalator.			
Top Landing:		Bottom Landing:	
Left:	Right:	Left:	Right:
3	Skirt deflector brushes installed? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Notes:			

The Above Tests Were Performed In Compliance With ASME A17.1 and NAC 455C. 400-530			
Firm Performing Test:	Digital Signature:	Firm Witnessing Test:	Digital Signature:
Mechanic (Print/License#/Sign or E-Sign):		Inspector (Print/QEI#/Sign or E-Sign):	