



**Category 1 Hydraulic Elevator Periodic Test Record**

**ASME A17.1 Sections 8.6.5.14 & 8.6.7**

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

**1. ASME A17.1 Requirement 8.6.5.14.1:** The relief valve setting shall be tested to determine that it will bypass the full output of the pump before the pressure exceeds 150% of the working pressure and that the system will withstand this pressure.

\*\*\* Calculations are not permitted in lieu of actual working pressure \*\*\*

Was the valve adjusted and re-sealed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Valve Sealed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Working Pressure:	psi	Relief Valve Setting:	psi

**2. ASME A17.1 Requirement 8.6.5.14.2, (a) & (b):** This test shall be performed after the relief valve setting and system pressure test in 8.6.5.14.1. Cylinders and pressure piping that are exposed shall be visually examined. Cylinders and pressure piping that are not exposed shall be tested for leakage, which cannot be accounted for by the visual examination in 8.6.5.14.2(a) (Item 2.36.2). The duration of the test shall be for a minimum of 15 min (Item 2.36.2).

Change in oil level in tank:	inches	Change in car position:	inches
Elapse Time of Test:	minutes	Movement of Car:	inches
Test shows compliance with requirements:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Test shows leakage:	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Checklist:</b>		<b>Inspected:</b>	<b>Date:</b>
<b>3a</b>	<b>8.6.5.14.3(a)</b> Normal Terminal Stopping Devices	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
<b>3b</b>	<b>8.6.5.14.3(b)</b> Governors, Overspeed Switch, and Seals	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
<b>3c</b>	<b>8.6.5.14.3(c)</b> Safeties: <b>(No Load)</b> 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"/>	
<b>3d</b>	<b>8.6.5.14.3(d)</b> Oil Buffers: Car <input type="checkbox"/> CWT <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
<b>3e</b>	<b>8.6.5.14.3(e)</b> Firefighter's Emergency Operation	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
<b>3e*</b>	<b>8.6.5.14.3(e)</b> Is the <b>Report of Fire Testing</b> received and signed by Nevada State Fire Marshal licensed Fire Alarm Contractor and Elevator Service Company with C7 license?	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
<b>3f</b>	<b>8.6.5.14.3(f)</b> Standby Power Operation <b>(No Load)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
<b>3g</b>	<b>8.6.5.14.3(g)</b> Power Operations of Door System	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
<b>3h</b>	<b>8.6.5.14.3(h)</b> Emergency Terminal Speed Limiting Devices	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
<b>3i</b>	<b>8.6.5.14.3(i)</b> Low Oil Protection Operation	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
<b>4</b>	<b>8.6.5.14.4</b> Flexible Hose and Fitting Assemblies	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
<b>5</b>	<b>8.6.5.14.5</b> Pressure Switch	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
<b>6</b>	<b>8.6.5.14.6</b> Power Operation of Door System	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
<b>7</b>	<b>8.6.5.14.7</b> Slack Rope Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
<b>***</b>	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:**

<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 Tests:</b>	<b>Date of Completion:</b>
<b>Print Name, License No. &amp; Signature of Person Performing Test</b>	<b>Print Name, License No. &amp; Signature of Person Witnessing Test</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