



**Category 5 Electric Elevator Periodic Test Record**  
**ASME A17.1 Sections 8.6.4.20**

<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> NV		<b>Type:</b> Freight: <input type="checkbox"/> Passenger: <input type="checkbox"/>		<b>Class:</b>	<b>Use:</b>
<b>Running Speed: (Up)</b> fpm		<b>Running Speed: (Down)</b> fpm		<b>Leveling Speed:</b> fpm	<b>Alternative Test QC:</b> MCS:
<b>Checklist:</b>				<b>Inspected:</b>	
<b>1 8.6.4.20.1 Car &amp; Counterweight Safeties:</b> Car: <input type="checkbox"/> CW: <input type="checkbox"/> Both: <input type="checkbox"/> Type: A: <input type="checkbox"/> B: <input type="checkbox"/> (Flexible Guide: <input type="checkbox"/> Wedge: <input type="checkbox"/> ) C: <input type="checkbox"/> or Other: <input type="checkbox"/>				Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/> [Alternative Test Method: <input type="checkbox"/> ]	
Manufacturer of Safety Device (Car):		Safety Device ID Number:			
Stopping Distance: <b>in.</b> (Note: Use the average length of the continuous marks after deducting the length of the safety jaw or wedge.)					
Did Car Set Out of Level: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		If Yes, Measurement of Out of Level: <b>in.</b>			
Condition of Guide Rails After Test: Good: <input type="checkbox"/> Poor: <input type="checkbox"/>		Wooden Guides Replaced: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
<b>2 8.6.4.20.2 Governors:</b>				Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
Manufacturer of Speed Governor:		Speed Governor ID Number:			
Jaws: Bronze: <input type="checkbox"/> Iron: <input type="checkbox"/>		Condition Before:		Condition After:	
Rope: Iron: <input type="checkbox"/> Manila: <input type="checkbox"/> Steel: <input type="checkbox"/>		6 x 19: <input type="checkbox"/> 8 x 19: <input type="checkbox"/>		Size: <b>in.</b> <input type="checkbox"/> <b>mm:</b> <input type="checkbox"/> (dia.)	
Rope Pull Through:		<b>lbs.</b>		Rope Pull Out: <b>lbs.</b>	
Tripping Speed:		<b>fpm</b>		Overspeed Switch Tripping Speed: <b>fpm</b>	
Governor Readjusted: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Overspeed Switch Readjusted: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Resealed: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
<b>3 8.6.4.20.3 Oil Buffers:</b> Car: <input type="checkbox"/> CW: <input type="checkbox"/> Both: <input type="checkbox"/>				Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>4 8.6.4.20.4 Driving-Machine Brake(s):</b>				Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/> [Alternative Test Method: <input type="checkbox"/> ]	
<b>6 8.6.4.20.6 Emergency Terminal Stopping and Speed-Limiting Devices:</b>				Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>7 8.6.4.20.7 Power Opening of Doors:</b>				Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>8 8.6.4.20.8 Leveling Zone and Leveling Speed:</b>				Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>9 8.6.4.20.9 Inner Landing Zone:</b>				Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>10 8.6.4.20.10 Braking System, Traction, and Traction Limits:</b>				Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/> [Alternative Test Method: <input type="checkbox"/> ]	
<b>11 8.6.4.20.11 Emergency Brake:</b>				Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<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</b>				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**