



Category 1 Periodic Escalator & Moving Walk Test Record
ASME A17.1 Section 8.6.8.15

Building Name	Owners Name	State No. NV
Street Address	Address	
City, State, Zip	City, State, Zip	

1 Type Escalator: Moving Walk:

Normal direction of travel: Up Down

8.6.8.15 Periodic Inspection and Test Requirements: Category 1

Date of Test:

3	8.6.8.15.1 Machine Space	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
4	8.6.8.15.2 Stop Switch	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
5	8.6.8.15.3 Controller and Wiring	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
6	8.6.8.15.4 Drive Machine and Brake	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
7	8.6.8.15.5 Speed Governor	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
8	8.6.8.15.6 Broken Drive Chain Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
9	8.6.8.15.7 Reversal Stop Switch	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
10	8.6.8.15.8 Broken Step Chain or Treadway Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
11	8.6.8.15.9 Step Upthrust Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
12	8.6.8.15.10 Missing Step or Pallet Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
13	8.6.8.15.11 Step or Pallet Level Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
14	8.6.8.15.12 Steps, Pallet, Step or Pallet Chain, and Trusses	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	(a) Number of Steps Removed	Qty. _____
15	8.6.8.15.13 Handrail Safety Systems	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
16	8.6.8.15.14 Heaters	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
17	8.6.8.15.15 Permissible Stretch in Escalator Chains	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
18	8.6.8.15.16 Disconnected Motor Safety Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
19	8.6.8.15.17 Response to Smoke Detectors	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
20	8.6.8.15.18 Comb-Step or Comb-Pallet Impact Device	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	8.6.1.7.2 (Periodic Test Record in form of tags)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
24	Is Step/Skirt testing required? If yes, attached required form.	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
25	Is test satisfactory and in accordance with the code in effect at time of original installation and/or alteration: If no, state reason:	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>

Jurisdictional Use Only

Including but not limited to:

1. Quality Control Inspection _____
2. Cleaning Escalator / Step Removal _____
3. Skirt Step Index Testing _____

The Above Test Were Performed in Compliance With ASME A17.1 and NAC455C. 400-528 & Section 2 to 14

Firm Performing Test	Date of Test
Print Name/ License No / Signature of Person Performing Tests	Print Name/ License No./ Signature of Person Witnessing Tests

This report shall be filed with the Mechanical Compliance Section within 10 (ten) days of completion of all tests. This report shall be submitted every twelve (12) months

**ASME A17.1 8.6.8.15.19 & 8.6.8.3 Step/Skirt Performance Index & 8.6.8.15.20
Clearance Between Step and Skirt (Loaded Gap).**

State No. NV _____

Rated Speed: _____ fpm. Capacity: _____ lbs. Normal Direction of travel: Up Down

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 Left: _____ Right: _____ Step 2 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 & .3) and before the steps are fully extended. These measurements shall be made independently on each side of the escalator.

Top landing Left: _____ Right: _____ Bottom landing Left: _____ Right: _____

if test(s) proved unsatisfactory indicate reason and a written statement as to why the unit failed and must be filed with this office **ASAP. THE UNIT MAY NOT RETURN TO SERVICE IF ANY SAFETY DEVICE FAILED** unless the device was repaired and successfully re-tested.

3. ASME A17.1 Requirement 8.10.1.1.4: A metal test tag with the test date, the requirement number requiring the test, and the name of the person or firm performing the test shall be installed in each machine room.
Test shall be recorded in the Maintenance Record.

4. Skirt deflector brushes to be installed? : Yes No

NOTES

The Above Tests Were Performed In Compliance With ASME A17.1 and NAC455C. 400-528 & Section 2 to 14	
Firm Performing Test	Date of Test
(Print) Name/ License No/ and Signature of Person Performing Tests	(Print) Name, License No. and Signature of Person Witnessing Tests