



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

Building Name:	Owners Name:	State Number:
Street Address:	Mailing Address:	NV
City, State, Zip	City, State, Zip	
Type: Escalator: <input type="checkbox"/> Moving Walk: <input type="checkbox"/>		Normal direction of travel: Up: <input type="checkbox"/> Down: <input type="checkbox"/>

8.11.4.1 Periodic Inspection and Test Requirements:		Is test satisfactory?	Date of Test:
<b>a</b>	General Fire Protection (Items 7.1 and 9.1)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>b</b>	Geometry (Items 7.2 and 9.2)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>c</b>	Handrails (Items 7.3 and 9.3)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>d</b>	Entrance and Egress (Items 7.4 and 9.4)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>e</b>	Lighting (Items 7.5 and 9.5)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>f</b>	Caution Signs (Items 7.6 and 9.6)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>g</b>	Combplate (Items 7.7 and 9.7)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>h</b>	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"/>	
<b>i</b>	Steps and Treadway (Items 7.9 and 9.9)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>j</b>	Operating Devices (Items 7.10 and 9.10)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>k</b>	Skirt Obstruction Devices (Item 7.11)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>l</b>	Handrail Entry Device (Items 8.13 and 10.13)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>m</b>	Egress Restriction Device (Items 7.13 and 9.13)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>n</b>	Speed (Items 7.14 and 9.14)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>o</b>	Balustrades (Items 7.15 and 9.15)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>p</b>	Ceiling Intersection Guards (Items 7.16 and 9.16)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>q</b>	Skirt Panels (Items 7.17 and 9.17)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>r</b>	Outdoor Protection (Items 7.18 and 9.18)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>s</b>	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"/>	
<b>t</b>	Additional Stop Switch(es) (Items 8.2 and 10.2)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>u</b>	Controller and Wiring (Items 8.3 and 10.3)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> n/a: <input type="checkbox"/>	
<b>v</b>	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"/>	
*	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"/>	

<b>The Above Tests Were Performed In Compliance With ASME A17.1 and NAC455C. 400-528 &amp; Section 2 to 14</b>	
Firm Performing Tests	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 ten (10) days of completion of all test.  
This report shall be submitted every twelve (12) months.**