

Mail this form to: State of Ohio, Department of Commerce Elevator Inspection Section
6606 Tussing Road • P.O. Box 4009 Reynoldsburg, OH 43068-9009

Original test form must be filed within 5 days of the completion of the test

Location: _____ Address: _____
 City: _____ Zip: _____ County: _____
 Owner ID#: _____ Normal Direction of travel (___ up), (___ down), (___ up & down)

INSTRUCTIONS:

Annual safety test are required to be filed as outlined in ASME A17.1 part 8, and Ohio Revised Code Section 4105. This test is required in addition to the field inspections by the State of Ohio. State Inspectors do not perform safety test. File an original completed safety test form (NO FAXES) at the above address within 5 days following the completion of the test. Additional explanations of each test component can be found in the ASME A17.2 Inspector's Manual.

ASME Inspection Standard to be applied for this unit: _____
 Year of Installation _____
 People per hour (pph): _____
 Total Travel (ft): _____ NOTES: _____
 Rated Speed (fpm): _____

Yes	NO	Step Skirt Performance Index	
		Has the escalator skirt been cleaned?	
		Is all equipment calibrated and current?	
		Was the unit tested in the normal direction of travel?	
		Was the applied load 25 lbf	
		Did it deviate more than +/- 2.5 lbf	
		Is the distributed load area between 3in ² & 6in ²	
		Did the index polycarbonate test specimen meet the following criteria: (1). Material: Polycarbonate without fillers. (2). Color: Natural, no pigments. (3)-Finish: Glossy (roughness less than 0.32µin.) (4). Area in contact with skirt panel: 4.5+/- 0.5in ² and at least 0.03 in thick. (5) Specification: GE Lexan 100 series or equivalent polycarbonate.	
		Does this unit have skirt deflection devices?	
		At what intervals was the index recorded?	
		Left	Right
			What were the Step/Skirt Performance Index measurements?
		Left	Right
		How many readings per side were taken during the test? (Identified when looking up from the bottom on the unit)	
Yes	No		CHOOSE ONE OF THE FOLLOWING THREE ITEMS as described in ASME A17.1a 2000 Item 8.6.8.3.3
		1	Condition 1: All units range ≤ .15
		2	Condition 2: Escalators installed under ASME A17.1a-2002 and later editions Range: ≤ .25 with skirt deflection devices.
		3	Condition 3: Escalators installed under ASME A17.1-2000 and earlier editions Range: ≤ .4 with skirt deflection devices.
			Did the escalator meet one of the applicable conditions above using the highest measurement obtained?
			Have all readouts been attached to this form? Must be submitted for each test, properly labeled and dated?
		DID THE UNIT PASS ALL TESTING REQUIREMENTS PRIOR TO BEING RETURNED TO SERVICE?*	
*If "NO" a written statement as to why the unit failed must be sent to this office. THE UNIT MAY NOT RETURN TO SERVICE IF ANY SAFETY DEVICE FAILED,(INCLUDING THE LACK OF PROPERLY INSTALLED SKIRT DEFELECTION DEVICES)			
Company Conducting the Test			
Address		Person Conducting Test (print)	
City	zip	Phone	Signature
			Date