



Annual and 5-Year Electric Elevator Safety Test Form

Test form must be submitted within five days of the completion of the test to:

Email: elevators@com.ohio.gov or Fax: 614-644-2428

Safety tests are required to be performed as outlined in ASME A17.2, A17.1 (part 8) and Ohio Revised Code Section 4105, including acceptance testing for new and altered equipment

Owner ID, State ID, Location, Address, City, ZIP, County, Company Conducting Test, Person Conducting Test, Address, City, ZIP, Signature, Phone, Email, Date, Type of Unit, Type of Drive, Unit Details

Complete this section for Annual and 5 Year Safety Tests for Governors and Safeties (No Load)

Table with columns: PASS, FAIL, N/A, Type of safety (A, B, C, Slack Rope). Rows include: Cars safeties visually inspected, Counterweight safeties visually inspected, Governor visually inspected, Governor electric switch tested, Car and counterweight oil buffers tested, Did the unit lose traction or stall the drive system during buffer and safety tests?, Amount of cable leaving the safety drum for type B safeties/Number of turns remaining, If no governor, was safety and slack rope device activated by attaining a slack rope?, Ascending and unintended movement device tested?, Car door closing force? Car door closing speed per ASME 2000 and later - Data tag

Complete this section and the above Annual Safety Test Portion for a 5-Year Load Test for Governors and Safeties

Table with columns: PASS, FAIL, N/A. Rows include: Annual portion above completed? (Safety Test), Pull through test performed? (<=20% ultimate breaking strength of rope, type B only), Safety tests performed with rated load?, Safety test performed at rated speed or governor tripping speed for acceptance?, After safeties were applied, did the platform remain level after testing? (+/- 1/2 inch), Normal brake tested with 125% of rated loaded (safely lower and hold), Ascending and unintended movement device tested with weights? (per MCP / A17.1), Car and counterweight oil buffer tested at rated speed & load (<=90 second return), Does the unit have counterweight (CW) safeties?, Test tags affixed to the appropriate devices and locations?

Complete the following for both Annual and 5-Year Safety Test

Table with columns: YES, NO. Rows include: All emergency stop, operating controls, and normal/final terminal devices tested?, Where provided, were the emergency terminal stopping/speed limiting devices verified?, Where provided, were the broken rope, tape switches tested?, Leveling zone, leveling speed, and inner-landing zone tested?, All doors and gates in proper working order?, The manual operations and/or standby power tested?, All test tags and Maintenance records updated? JUMPERS been removed?, Did the unit pass all testing requirements prior to being returned to service?