

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 test***

Location: _____	Address: _____
City: _____	Zip: _____ County: _____
Date of the last five-year full load test _____ (other than Direct Hydraulic) Valve Serial # _____ Owner ID#: _____	

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. Annual test of Type A, B, C safeties are to be conducted without weight on the platform and at reduced speed. Hydraulic relief valve test are to be conducted by engaging the stop ring. Roped hydraulic elevators require both relief valve and safety test. Roped-hydraulics are to have the five-year safety test and the relief test performed. Hydraulic plunger grippers and low oil devices are required to be tested.

<b>Type of Unit: (Circle one)</b> Passenger                      Freight Sidewalk Freight              Escalator Moving Walk                      Dumbwaiter Special Service                      Chair Lift Vertical Wheel Chair Lift LULA    Stage                      Lift Other type not listed: _____	<b>Type of Driving Machine: (Circle One)</b> Traction    Dru                      m Direct Hydraulic                      Rope Hydraulic Rack & Pinion                      Belt Chain & Sprocket                      Screw Other type not listed:  <b>What type of Guide Rails? (Circle One)</b> Steel                      Wood	Capacity (lbs): _____ Total Travel (ft): _____ Rated Speed fpm): _____ Total number of floors served: _____ <b>What type of safety device does this unit have?</b> (Circle all that apply) Type A                      Type B                      Type C Broken Rope                      Relief Valve NOTE: A relief valve and a test of the safeties are required for roped hydraulic units. <b>What type of safety device does this unit have?</b> Fly-ball                      Centrifugal Other (specify) _____
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Yes	NO	N/A	Complete this section for the Annual Test for Governors and Safeties
			Have the car safeties been visually inspected and operated? Comments:
			Has the counterweight safeties been visually inspected and operated? Comments:
			Has the car governor been visually inspected and operated? Comments:
			Has the counterweight governor been visually inspected and operated? Comments:
			Was the governor tripped by hand to set the safeties? Comments:
			Have the car and counterweight oil buffers been tested by full compressing the buffer? Comments:
			If the unit does not have a governor, was the safety and slack rope device activated by obtain the necessary slack rope?

Amount of cable leaving the safety drum for type B safeties		Inches	Numbers of Turn left on the drum?
Yes	NO	N/A	Complete this section for the Annual Test for Hydraulic Units
			Has the control valve or hydraulic unit been changed since the last safety test? Comments:
			Is the full load working pressure posted in the machine room?                      What is the full load working pressure? (PSI)
			Did you engage the stop ring when testing the relief pressure?                      What was the relief bypass pressure? (PSI)
			Was there any change in car position that cannot be accounted for by visible leakage or temperature change during the test?
			Have the flexible hoses and fittings been tested for at least 30 seconds at the relief valve settings?
			Has the pressure switch and related circuits been tested for operation?                      What is the pressure switch setting? (PSI)
			Did the low oil switch function properly?
			If provided, did the “plunger gripper” safety device function properly?                      What is the serial number on the valve?

Yes	NO	N/A	Complete this section for all safety devices
			Were the normal and terminal electrical stopping devices tested? Comments:
			Where provided, was the firefighter’s service inspected and tested? Comments:
			Where provided, was the standby emergency power inspected and tested? Comments:
			Where provided, was the broken rope, tape, or chain switches tested? Comments:
			Where provided, were the closing forces of power operated hoistway door systems operated and tested? Comments:

**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 filed with this office ASAP. THE UNIT MAY NOT RETURN TO SERVICE IF ANY SAFETY DEVICE FAILED.

Company Conducting the Test		Person Conducting Test (print)	
Address		Signature	
City	Rj one	Date	