

# State of Ohio

# Annual Escalator Safety Test Form

State ID#: \_\_\_\_\_

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

**Test form must be filed within 5 days of the completion of the test**

**Email: [elevators@com.ohio.gov](mailto:elevators@com.ohio.gov) Fax: 614-644-2428**

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

**INSTRUCTIONS:**

Annual safety tests 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 tests. File the completed safety test form within 5 days following the completion of the test. Submit the test to the above address, email or fax. 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 _____	Testing Equipment Certification Date: Head _____
People per hour (pph): _____	Processor _____
Total Travel (ft): _____	NOTES: _____
Rated Speed (fpm): _____	_____

		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 <sup>2</sup> & 6in <sup>2</sup>	
		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 <sup>2</sup> 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?	
		<b>Left</b>	<b>Right</b>
			What were the Step/Skirt Performance Index measurements?
<b>Left</b>	<b>Right</b>		
		How many readings per side were taken during the test? (Identified when looking up from the bottom on the unit)	
<b>Yes</b>	<b>No</b>	<b>CHOOSE ONE OF THE FOLLOWING THREE ITEMS</b> 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?	
<b>DID THE UNIT PASS ALL TESTING REQUIREMENTS PRIOR TO BEING RETURNED TO SERVICE?*</b>			
<b>*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)</b>			
Company Conducting the Test			
Address		Person Conducting Test (print)	
City	zip	Phone	Signature
			Date