

Please do not write in this box.
City Office Use Only

Inspector: _____
Exp. Date: _____
EC#: _____

DEPARTMENT OF BUILDINGS & INSPECTIONS

Development and Permit Center
Elevator Inspection Section
805 Central Av STE 500
Cincinnati, Ohio 45202



TEST REPORT OF ELEVATORS
Required by Section 8.11.2 of the elevator Code

CITY ELEVATOR NO _____
CAPACITY _____ lbs

Location: _____

Address: _____ **Zip Code:** _____

Type of Unit: Passenger Freight Other

Original test forms must be filed within 30 days of the completion of the test or retesting shall be required.

REV- 11-3-2015

Annual Elevator Safety Test

Powered by: Electric motor Hand Power Other Manufacturer of Equipment _____

Type of Driving Machine: Traction Winding Drum Other

Type of Safety Device: Type A Type B Type C Broken Rope N/A

Material of Guide Rails: Car _____ Counterweight _____ N/A

Type of Governor: Flyball Centrifugal Seal before test: Yes No N/A

Type of Buffers: Car _____ Counterweight _____ N/A

Rated car speeds: Up _____ (fpm) Down _____ (fpm) N/A

Yes No N/A

- Were the normal and terminal electrical stopping devices tested?
- Where provided, was the firefighter's service inspected and tested?
- Where provided, was the broken rope, tape, or chain switch tested?
- Where provided, was the standby emergency power/lowering inspected and tested? (no load)
- Where provided, were the closing forces of power operated hoistway door systems operated and tested? _____ lbf

Yes No N/A

- Has the car safety been visually inspected and operated?
- Has the counterweight safety been visually inspected and operated?
- Has the car governor been visually inspected and operated?
- Has the counterweight governor been visually inspected and operated?
- Was the governor tripped by hand to operate the safeties?
- If the unit does not have a governor, were the safety and slack rope devices activated by obtaining the necessary slack?
- Did the car loose traction or the control drive stall during setting of the safeties and compressing the buffers?
- Was the Unintended Car Motion (UCM) device tested in the up direction (empty car)?
- Was the ascending car overspeed protection tested?
- Was the traction loss detection means tested?
- Was the broken suspension member and residual strength detection means tested?
- Have the car and counterweight oil buffers been tested by fully compressing the buffer?
- Type B safeties – Cable leaving the safety drum _____ (in) Turns remaining on drum _____
- Was the safety test tag, as required, placed on the safety release carrier in a permanent manner?**

Winding Drum

Type of unit: Overhead Ceiling/Basement Last reshackle date: _____ Company _____
 Was the slack cable switch tested?

Did the unit pass all ASME A17.1–(latest adopted edition) Safety Test requirements prior to being returned to service? If NO, the reason for failure must be explained. Unit may NOT be returned to service.

Comments: _____

Company Conducting the Test _____

Person(s) Conducting Test _____

Date of Test _____ Signed _____