

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 HYDRAULIC ELEVATORS  
Required by Section 8.11.3 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 or  5-year Hydraulic Safety Test

Powered by:  Electric motor  Other Manufacturer of Equipment \_\_\_\_\_

Type of Driving Machine:  Direct Hydraulic  Roped Hydraulic  Other

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

Material of Guide Rails: Car \_\_\_\_\_ Counterweight \_\_\_\_\_  N/A Date of installation of jack \_\_\_\_\_

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 standby emergency power/lowering inspected and tested?
- Where provided, was the broken rope, tape, or chain switch tested?
- Where provided, were the closing forces of power operated hoistway door systems operated and tested? \_\_\_\_\_ lbf.

Yes No N/A Standing Test (In ground jacks only) -  Annual (15 min)  5 Year (15 min)  3 Year (2hr)

- Was this test conducted with a full load?
- Has the control valve or hydraulics been changed since last safety test? No load pressure \_\_\_\_\_ (PSI)
- Is the full load working pressure posted in the machine room? Full load working pressure \_\_\_\_\_ (PSI)
- Did you engage the stop ring when testing the relief pressure? Relief bypass pressure \_\_\_\_\_ (PSI)
- Was there any change in car position that cannot be accounted for by visible leakage or temperature change?
- Has the pressure switch and related circuits been tested for operation? Pressure switch setting \_\_\_\_\_ (PSI)
- Did the Low Oil Protection operate as required?
- Has the flexible hose been tested for at least 30 seconds at the relief pressure? Installation date of hose \_\_\_\_\_
- Did the "plunger gripper" safety device function properly?
- Have the car safety and car governor been visually inspected and operated?
- Car governor pull through force \_\_\_\_\_ (ft-lbs) Tripping speed \_\_\_\_\_ Electrical tripping speed \_\_\_\_\_
- Car safety slide \_\_\_\_\_ (in)
- After the safeties were applied, did the platform remain level after testing?
- Was the governor tripped by hand to operate the safeties?
- Have the car oil buffers been tested by fully compressing the buffers at full speed?
- Is the relief valve sealed as required by Code?**
- Was the safety test tag, as required, placed on the controller in a permanent manner?**

**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 \_\_\_\_\_