

# Hydraulic Elevator Test

State #	Location:	
Date:	Serial:	Pass    Fail
Item		
Pressure Relief 8.6.5.14.1	No Load psi _____ Working psi _____ Relief psi _____	2.31.2
Duration Test 8.6.5.14.2	Car Movement in. _____ Leakage: _____	2.36.2.2
Terminal Speed Reducing Device 8.6.5.14.3/ 3.25.2	Device Function: _____	3.5.2
Normal Terminal 8.6.5.14.3	Top Function: _____ Bottom Function: _____	3.5.2
Firefighter Emergency Operation 8.6.4.14.3 Initiating Devices	Phase 1 Response: _____ Phase II Response: _____ Designated Response: _____ Alternate Response: _____	6.1 thru 6.5
Standby Power 8.6.4.14.3	Switch Function: _____ Car Response _____ Communication _____	1.17.2.1
Door Closing Force 8.6.14.6	Front lbs. _____ Rear lbs. _____ Speed Sec. _____	1.8.1
Low Oil Protection 8.6.5.14.3	Run Time Sec. _____ Response _____	2.39.2
Flexible Hose 8.6.5.14.4	Tag Test Date: _____ Leakage _____	2.34
Pressure Switch 8.6.5.14.5	Device Function: _____	2.37
Car light 8.11.3.1.1	Auxiliary Power: _____ Illumination: _____	1.5
Sign Posted 8.11.3.1.1	Code Data _____ In-case of fire signage _____ Destination Sign Braille _____ Disconnects Identified _____	1.15
Emergency Signaling 8.11.2.1.1	Alarm: _____ Communication: _____ Failure Device: _____	1.6
Auxiliary Power Lowering Device 8.6.5.14.3(J)	Function: _____	2.4.4
<b>Over Speed Valve 8.6.5.16.1</b>	<b>Trip Speed _____ Sealed _____</b>	<b>5.15.2</b>
Standby Power 8.10.3.2.1(q)(1)	Switch Function: _____ Car Response _____ Phone _____	1.17
Restricted Door Opening 8.10.3.2(r)	Device Function: _____	1.18
Car Runby/ Refuge 8.10.3.2.1	Top in. _____ Bottom in. _____ Top Refuge in. _____ Bottom Refuge in. _____	3.4/5.2
Car Speed 8.10.3.2.3(cc)	Up Loaded _____ Down Loaded _____ Up Empty _____ Down Empty _____	3.30
Recycle Operation 8.10.3.2.2(bb)	Speed _____ Releveling Measurement _____	3.26.7
Car Leveling Anti-creep 8.10.3.2.3(g)	Function: _____	3.7
Additional Devices		
Sprinkler Location	Pit    Y / N                      Hoistway    Y / N                      Machine room    Y / N	

I certify that above tests were performed in my presence and in accordance with the requirements of ASME 17.1 and Oklahoma Elevator Safety Act.

Contractor: \_\_\_\_\_ Lic.# \_\_\_\_\_ Expires \_\_\_\_\_

Technician's #1 Name: \_\_\_\_\_ Lic.# \_\_\_\_\_ Expires \_\_\_\_\_

Witness Inspector: \_\_\_\_\_ Lic.# \_\_\_\_\_ Expires \_\_\_\_\_

CEI # \_\_\_\_\_ Expires \_\_\_\_\_

Code: Category 1    **Category 5**    Acceptance