

Residential Elevator Test

State #	Location:	A17.2-2017
Date:	Serial: Pass Fail	Item
Relief Valve Setting Category 8.6.5.14.1	No Load psi _____ Working psi _____ Relief psi _____	2.31.2
Cylinders and Piping 8.6.5.14.2	Platform Change: _____ in 15 mins. Leakage: _____	2.36.2.2
Normal/ Terminal Stopping Devices 8.6.5.14.3 (a)	Top Term Function: _____ BTM Term Function: _____	3.5.2
Governors 8.6.5.14.3 (b)	Governor Switch Function: _____	2.13.2.2
Safeties 8.6.5.14.3 (c)	Stopping Distance: _____ in. Platform level within: _____ in.	5.8.2
Power Operations of Door System 2.13.4.2.3, 5.3.1.8.2	Door Closing Force: Front: _____ lb. Rear: _____ lb Closing speed: _____ sec	4.6/ 4.7
Low Oil Protection 8.6.5.14.3 (i)	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
Slack Rope Device 5.3.1.18.8	Switch Function: _____	3.31.2
Car lighting Passenger (5fc) 8.11.3.1.1	Auxiliary Power: _____ In-Car Illumination: _____	1.5
Emergency Signaling 8.11.2.1.1(f)	Alarm: _____ Two- Way Communication: _____ In-car stop switch _____	1.6
Car and Counterweight Safeties 8.6.4.20.1	Car Function Full Load: _____ CW Function Empty: _____	2.29.2
Governor and Safeties 8.6.5.16.1/ 8.6.4.20.2 (includes Slack Rope Safeties)	Rope Pull Force: _____ Switch Trip Speed: _____ Mechanical Trip Speed: _____	2.13.2.1
Over Speed Valve 8.6.5.16.1	Trip Speed _____ ft/min Sealed _____	5.15.2
Type A Governor Safeties 8.10.2.2.2(ii)	Trip Function: _____ Inertial Check: _____	2.29.3(a)
Type B/C Safeties 8.10.2.2.2(ii) Table 2.17.3	Overspeed Trip function: _____ Slide: _____	2.29.3(b)
Terminal Stop Device 8.10.2.2.2(ff)	Top Function: _____ 100% Bottom Function: _____ 100% (hydro) 125% (traction)	2.28
Car Speed 8.10.3.2.3(cc) 40ft./min(max)	Up Loaded _____ Down Loaded _____ Up Empty _____ Down Empty _____	3.30
Auxiliary Power Lowering	Function: _____	2.11.3.2
Additional Devices	Door clearances hoistway door face to bi-folding measurement _____ Number of rope turns on drum _____ Rope data tag _____ Capacity plate _____ Data Plate _____	17.1- 5.3.
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 _____

#2 Name: _____ Lic.# _____ Expires _____

Witness Inspector: _____ Lic.# _____ Expires _____

CEI # _____ Expires _____

Code: Category 1 **Category 5** Acceptance