

Transport Platform

Field Test

State #	Location:	
Date:	Serial: _____	Test results: Pass ____ Fail ____
Item		
Buffers	Condition: _____	3.4.6
Overspeed Safety Device Detection	Function: _____ Sealed: _____	3.5.2
Safety Devices	Test Performed: _____ Results: _____	3.4.4.2
Braking System	Test date by Manufacture/Owner: _____ Results: _____	3.4.5
Travel Limit Switches	Normal Function: _____ Bottom: _____ Final Function: _____ Bottom: _____	3.12
Rack & Pinion System	Tooth Condition: _____ Pinion Engagement _____	3.4.2
Hydraulic System	Working Pressure. _____ Unintended Movement Function _____	3.10
Combustion Engine	Fire Extinguisher. _____ Exhaust: _____ Battery secured: _____	3.9
Platform	Floor: _____ Side Panels _____ Gates: _____ Latches/Interlocks _____	3.3
Emergency Lowering	Shroud installed: _____ Function: _____	3.6.2
Mast Structure	Tie Ins: _____ Joint Connections: _____	3.2.3
Outriggers	Outriggers secured position _____ Feet _____	3.2.2.3
Information	Operator Training: _____ Pre-Start Checklist: _____ Manual on site: Y / N	5.4
Test Performed	Technician: _____ Test results on site: Y / N Date: _____	5.5
Other Devices:		

I certify the above tests were verified in accordance with the requirements for ANSI 92.10 and the Oklahoma Elevator Safety Act

Contractor _____ Lic.# _____ Expires: _____

Technician's Name: _____ Lic.# _____ Expires: _____

Witness Inspector: _____ Lic.# _____ Expires: _____

CEI # _____ Expires _____