



## Hydraulic Elevator Safety Test and Inspector Witness Report

(Revised 8/24/2018)

### General Information

Building Name:		Manufacturer:		Conveyance #:	
Address:		City:	ZIP:	Building Conveyance ID #:	
Responsible Party Name:			Phone:	Email:	
Install Date:	Stops:	Capacity:	lbs	Job/Contract #:	
Rated Speed:	fpm	Duty:	<input type="checkbox"/> Passenger <input type="checkbox"/> Freight	Freight Class:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3
Test Date:	Test Type:	<input type="checkbox"/> Acceptance & Witness Inspection <input type="checkbox"/> Category 1 <input type="checkbox"/> 5-year Inspection			
Inspector Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Inspector Signs Report</i>				

### Testing and Inspection Components

<sup>TCO</sup> = TCO in lieu of shutdown can be recommended (Category 1 & 5-year tests or inspection; NOT allowed at acceptance)

Relief Valve		Doors	
OK N/A	OK N/A	OK N/A	OK N/A
<input type="checkbox"/> Working Pressure - No Load	<input type="checkbox"/> Relief Valve Set ( $\leq 150\%$ of WP)	<input type="checkbox"/> Closing force (max 30) <sup>TCO</sup>	<input type="checkbox"/> Guides (gibs)
<b>Acceptance only:</b>	<input type="checkbox"/> Valve adjustment needed	<input type="checkbox"/> Elec edge/safety edge	<input type="checkbox"/> Retainers <sup>TCO</sup>
<input type="checkbox"/> Working Pressure - Load	<input type="checkbox"/> Valve adjustment sealed	<input type="checkbox"/> Interlocks - gate switches	<input type="checkbox"/> Restrictors <sup>TCO</sup>
<input type="checkbox"/> Plunger Gripper	<input type="checkbox"/> Over-Speed Valve		

#### Power-Down Static Test

Time Started:	Time Ended:
Elapsed Time: _____ minutes	
Change in Car position? Distance: _____ inches	

#### Emergency Operations

<input type="checkbox"/> Phase I Recall <sup>TCO</sup>	<input type="checkbox"/> Phase II Operation <sup>TCO</sup>
<input type="checkbox"/> Signage - Phase I and II	<input type="checkbox"/> Alarm Bell
<input type="checkbox"/> 2-way communication <sup>TCO</sup>	<input type="checkbox"/> Emergency Lights
<input type="checkbox"/> Standby/E-Power (100% rated load - acceptance only)	

#### Safety Devices

<input type="checkbox"/> Stop Switches: car-pit-cartop-MR-control space	<input type="checkbox"/> Low-oil pressure switch
<input type="checkbox"/> Escape hatch contact	<input type="checkbox"/> Low-oil protection
<input type="checkbox"/> E-limits - terminal stop	<input type="checkbox"/> Re-level during man lowering
<input type="checkbox"/> Dir & final limits: up & down	

#### Other Items

<input type="checkbox"/> Test tags installed	<input type="checkbox"/> Keys available <sup>TCO</sup>
<input type="checkbox"/> MCP complete <sup>TCO</sup>	<input type="checkbox"/> Maint. logs updated
<input type="checkbox"/> Proper fuses used	<input type="checkbox"/> Wire connections tight
<input type="checkbox"/> MR-cartop-controller clean	<input type="checkbox"/> Jumpers removed

Inspector's Violation Description and/or Mechanic's Test Result Comment	Shut-Down	TCO (60 days)	Correction Date (Inspector only)
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

### Certifications

By signing below, I certify that all statements are true to the best of my knowledge and that all testing and test witnessing was performed according to current Conveyance Regulations and the appropriate edition of ASME A17.1 Sections 8.6, 8.10 and 8.11.

Mechanic Name:		Contractor Company Name:	
Mechanic Signature:		Date:	State License #:
Inspector Name:		Inspection Company Name:	
Inspector Signature:		Date:	QEI #: