



STATE OF WISCONSIN
 Department of Safety and Professional Services
 1400 E Washington Ave.
 Madison WI 53703

SAFETY AND BUILDINGS DIVISION
 Inspection and Safety Support Section
 P.O. Box 7302
 Madison, WI 53707-7302
 Voice: (608) 266-1818
 Fax: (608) 283-7411
<http://dsps.wi.gov/sb/SBHomePage.html>

Governor Scott Walker

Secretary Dave Ross

Conveyance Category 5 Periodic Tests

ASME A17.1 Section 8.11

Instructions: Please TYPE or PRINT CLEARLY the information requested on this form.

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m), Stats.]

Building Name	Owners Name	Registration Tag No.
Street Address	Address	Regulated Object ID.
City, State, Zip	City, State, Zip	Manufacturer

1	Type: Passenger: <input type="checkbox"/> Freight: <input type="checkbox"/> Class: <input type="checkbox"/>	<input type="checkbox"/> Electric Traction <input type="checkbox"/> Hydraulic <input type="checkbox"/> Sidewalk <input type="checkbox"/> Private Residence Elevator <input type="checkbox"/> Hand Elevator <input type="checkbox"/> <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> Material Lift <input type="checkbox"/> Special Purpose Personnel Elevator <input type="checkbox"/> Inclined Elevator <input type="checkbox"/> Rack-and-Pinion Elevator <input type="checkbox"/> Limited-Use/Limited-Application Elevator
2	Rated Capacity: lbs. Rated Speed: (up) Operating Speed: (down) Leveling Speed:	
3	8.11.2.3.3 Oil Buffers: Car: <input type="checkbox"/> Counterweight: <input type="checkbox"/>	Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Date of Test:
3a	Remarks:	
4	8.11.2.3.4 Braking System (with 125% rated load).	Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Date of Test:
4a	Remarks:	
5	8.11.2.3.5 Emergency and Standby Power Operation (with 125% rated load).	Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Date of Test:
5a	Remarks:	
6	8.11.2.3.6 Emergency Terminal Stopping and Speed Limiting Devices.	Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Date of Test:
6a	Remarks:	
7	8.11.2.3.7 Power Opening of Doors.	Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Date of Test:
7a	Remarks:	
8	8.11.2.3.8 Leveling Zone and Leveling Speed.	Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Date of Test:
8a	Remarks:	
9	8.11.2.3.9 Inner Landing Zone.	Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Date of Test:
9a	Remarks:	
10	8.11.2.3.10 Emergency Stopping Distance (with 125% rated load).	Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Date of Test:
10a	Remarks:	
11	8.11.3.4.2 Coated Ropes	Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Date of Test:
11a	Remarks:	
12	8.11.3.4.3 Wire Rope Fastenings	Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Date of Test:
12a	Remarks:	
13	8.11.3.4.4 Plunger Gripper (with rated load)	Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Date of Test:
13a	Remarks:	
14	8.11.3.4.5 Overspeed Valve(s) (with rated load)	Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Date of Test:
14a	Remarks:	

ASME A17.1 Requirement 8.11.1.6: A metal test tag with the test date, the requirement number requiring the test, and the name of the person or firm performing the test shall be installed in each machine room.

Test shall also be recorded in the Maintenance Record.

The Above Tests Were Performed In Compliance With ASME A17.1 and Comm. 18			
Firm Performing Tests	Address	City, State, Zip	Date of Test Submission
Name and License Number of Person Performing Tests (Print)	Signature of Person Performing Tests		

Reports Shall Be Filed With the Department of Safety & Professional Services.

Copies of this form should be retained by Conveyance Contractor and Conveyance Owner.

One copy shall be sent to State District Inspector assigned to the county in which the conveyance is located.

State district map may be viewed using the following link. <http://dsps.wi.gov/sb/docs/SB-ElevatorsInspectorsMap.pdf>