



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
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 (608) 266-1818
<http://dsps.wi.gov/sb/SBHomePage.html>

Governor Scott Walker

Secretary Dave Ross

Conveyance Safety and Governor Tests

Acceptance Tests ASME A17.1 Req. 8.10.2.2(ii), 8.10.3.2.3 (u), A18.1 Req. 10.4.1

Category 5 Periodic Tests ASME A17.1 Req. 8.11.2.3, 8.11.3.4, A18.1 Req. 10.3.3

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 of Test: Acceptance <input type="checkbox"/> Periodic <input type="checkbox"/> | | Type of Elevator: Passenger <input type="checkbox"/> Freight <input type="checkbox"/> Drum <input type="checkbox"/> | |
| Type of Platform Lift: Vertical Platform Lift <input type="checkbox"/> | | Incline Platform Lift <input type="checkbox"/> Stairway Chairlift <input type="checkbox"/> | |
| 2. Rated Capacity lbs. | Rated Speed (up) | Operating Speed (down) | Actual Test Speed fpm. |
| 3. Type of Safety Device: A <input type="checkbox"/> | B <input type="checkbox"/> | Flexible guide clamp <input type="checkbox"/> | C <input type="checkbox"/> Other |
| | | Wedge clamp / Gradual-wedge clamp <input type="checkbox"/> | |
| 4. Manufacturer of Safety Device: | | Safety Device ID Number: | |
| 5. Manufacturer of Speed Governor: | | Speed Governor ID. Number: | |
| 6. Governor Jaws Bronze <input type="checkbox"/> | Iron <input type="checkbox"/> | Condition of Jaws Before: | After: |
| 7. Type of Governor Rope Manila <input type="checkbox"/> | Iron <input type="checkbox"/> | Steel <input type="checkbox"/> | 6 X 19 <input type="checkbox"/> 8 X 19 <input type="checkbox"/> Size (dia.) |
| 8. Governor Jaw Pull Through: lbs. | Release Carrier Pull Through: lbs. | Condition of Governor Rope: | |
| 9. Governor Tripping Speed: | | Governor Overspeed Switch Tripping Speed: | |
| 10. Was Governor Readjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Was Overspeed Switch Readjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Resealed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. Length of Marks On Guide Rails | Left Guide Rail: ft. in. | Right Guide Rail: ft. in. | |
| 12. Did Car Set Out of Level: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Inches Out of Level: | | | |
| 13. Condition of Guide Rails After Test: <input type="checkbox"/> Good <input type="checkbox"/> Not Good | | Wooden Guides Replaced: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. Number of Turns On Drum Before Test: | | Number of Turns On Drum After Test: | |
| 15. Was Test Made With Rated Load? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Was Test Satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No If Not, Explain | |
| 16. | | | |
| 17. | | | |

18. **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 Test | Address | City, State, Zip | Date of Test |
| Name and License Number of Person Performing Test (Print) | | Signature of Person Performing Test | |

Reports Shall Be Filed With the Department of Safety & Professional Services Within 15 (Fifteen) Days of Performing Test.

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>