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
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Governor Scott Walker **Secretary Dave Ross**

Category 1 Periodic Hydraulic Elevator Test

Comm 18.1708 (8) ASME A17.1- Req. 8.11.3.2.1 & 8.11.3.2.2

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. **ASME A17.1Requirement 8.11.3.2.1:** The relief valve setting shall be tested to determine that it will bypass the full output of the pump before the pressure exceeds 150% of the working pressure and that the system will withstand this pressure.
*Calculations are not permitted in lieu of actual working pressure.

Rated Speed (up): fpm. Operating Speed (down): fpm. Capacity: lbs.

Working Pressure*: psi. Relief Pressure: psi. Tested with rated load? ☐Yes ☐No

Was the valve adjusted and re-sealed? ☐ Yes ☐ No Valve Sealed: ☐Yes ☐No Type of Seal & Identification:

2. **ASME A17.1 Requirement 8.11.3.2.2:** This test shall be performed after the relief valve setting and system pressure test required by ASME A17.1 section 8.11.3.2.1. Cylinders, which are exposed, shall be visually inspected. Cylinders, which are not exposed, shall be tested. After a minimum of 15 minutes a change in car position which cannot be accounted for by visible oil leakage, valve leakage, or temperature change indicates a leak in the unexposed portion of the cylinder or the piping.

Oil level in tank start: Distance from landing sill start: inches.

Oil level in tank end: Distance from landing sill end: inches.

Exact Time of Test: Minutes Movement of Car: Inches.

If either test did not prove satisfactory, please explain.

3. **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.
Tests shall be recorded in the Maintenance Record.

☐ **TEST SHOWS COMPLIANCE WITH REQUIREMENTS** ☐ **TEST SHOWS LEAKAGE, REPLACEMENT REQUIRED**

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