



STATE OF WISCONSIN

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

Governor Scott Walker

Secretary Dave Ross

Periodic Electric Elevator Test Record - Category 1

ASME A17.1 Section 8.11.2.2

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

Use form SBD-E-2E for Category 5 full load tests.

1 Type: Passenger: Freight: Class: Electric Sidewalk Elevator Private Residence Elevator Hand Elevator Dumbwaiter Material Lift Special Purpose Personnel Elevator Inclined Elevator Rack-and-Pinion Elevator Limited-Use/Limited-Application

2 Rated Capacity: lbs. Rated Speed: (up) Operating Speed: (down) Leveling Speed:

8.11.2.2 Periodic Inspection and Test Requirements: Category 1		Is test satisfactory?	Date of Test:
3	8.11.2.2.1 Oil Buffers: Car <input type="checkbox"/> Counterweight <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
4	8.11.2.2.2 Safeties (No Load) Type: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
5	8.11.2.2.3 Governors	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
6	8.11.2.2.4 Slack-Rope Devices on Winding Drum Machines	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
7	8.11.2.2.5 Normal and Final Terminal Stopping Devices	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
8	8.11.2.2.6 Firefighters' Emergency Operation.	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
9	8.11.2.2.7 Standby or Emergency Power Operation (No Load)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
10	8.11.2.2.8 Power Operation of Door System	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
11	8.11.2.2.9 Broken Rope, Tape, or Chain Switch	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
12	8.11.2.2.10 Provide a written checkout procedure and demonstrate that all E/E/PES electrical protective devices operate as intended.	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
13	8.11.2.2.11 Ascending Car Overspeed Protection and Unintended Car Motion Devices	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	

If test(s) proved unsatisfactory indicate reason:

14

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	

**Do NOT Send This Form to the Dept of Safety & Professional Services or Agents of the Dept.
 Insert Completed Form Into Maintenance Record.
 One copy to be retained by owner or tenant**