



STATE OF WISCONSIN

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

Governor Scott Walker

Secretary Dave Ross

Form Number	Name	Equipment Type	Use of form	Use period	Completed by (1)	Filing Location
SBD-2E	Safety and Governor Test	Any conveyance with a type A, B or C safety device.	Required	5-year (2)	M	Mail to District Inspector. (2)
SBD-3E	Periodic Hydraulic Elevator Test	Hydraulic elevators	Required (3)	Annual	M	Mail to District Inspector.
SBD-Cat 5-E	Conveyance Category 5 Periodic Tests	Elevators	Required	5-year	M	Mail to District Inspector.
SBD-6E	Periodic Escalator Tests	Escalator	Required	Annual	M	Mail to District Inspector.
SBD-22	Elevator Application for Review	All	Required	as needed	C	Mail to Dept.
SBD-10663 (R 8/06)	Elevator Regulated Object Inspection Report	Elevators	Required	Annual	I	Mail to Dept.
SBD-10663 (R 1/05)	Escalator Regulated Object Inspection Report	Escalators	Required	Annual	I	Mail to Dept.
SBD-4341	Inspection Report and Orders, (cont'd)	All conveyances	Required	as needed	I	Mail to Dept.
SBD-10782	Elevator / Escalator Accident Report	All conveyances	Required	as needed	O	Fax to Dept.
Advisory Cat1e-E	Periodic Electric Elevator Test Record - Category 1	Elevators with suspension ropes or chains	Optional (5)	Annual (4)	M	Keep in maint. record only.
Advisory Cat1h-E	Periodic Hydraulic Elevator Test Record - Category 1	Hydraulic elevators	Optional (5)	Annual	M	Keep in maint. record only.
Advisory Cat1esc-E	Periodic Escalator & Moving Walks Test Record - Category 1	Escalators and moving walks	Optional (5)	Annual	M	Keep in maint. record only.

(1) M - Licensed Elevator Mechanic, Mechanic-Restricted or Lift Mechanic working within the limits of their credential.

C - Employee of a Licensed Elevator Contractor (For most projects a licensed elevator contractor will submit the application form and other required materials. A Licensed Mechanic, Mechanic-Restricted or other license holder employed directly by the building owner may apply to perform work on conveyances owned by the employer.)

I - Licensed Elevator Inspector

O - Conveyance owner or owner's representative

(2) 5-year periodic Safety & Governor Test form is not to be used for annual no-load tests. Do not mail this form to the department for such annual tests.

(3) The tests on this form are required only for hydraulic elevators with in-ground jacks installed prior to January 1, 1994.

(4) Annual no-load safety and governor tests (lines 4 and 5) can be disregarded in years the 5-year safety & governor tests are performed with full-load.

(5) Use of these three forms is optional, therefore other forms may be substituted for these three forms in the maintenance record.