

Completed test form to be left in Maintenance Log

Send a copy to the agency responsible for the annual inspection if these tests are overdue

Do not send to DSPS for review unless requested



## Elevator, Dumbwaiter and Material Lift Test Report

### Elevator - Acceptance and Category 5

### Dumbwaiter & Type B Material Lift - Acceptance

### (For Safety Device & Governor tests see form SBD 2E-E)

Please type or print clearly. Illegible and incomplete forms will not be accepted.

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

Conveyance Information												
Building Name:								Conveyance No.:				
Building Address:						Reg. Object ID or eSLA Permit No.:						
Type	Passenger <input type="checkbox"/>	Freight <input type="checkbox"/>	Comm. Inclined <input type="checkbox"/>	LULA <input type="checkbox"/>	Part V or Private Res type in a Commercial bldg <input type="checkbox"/>	Special Purpose (SPPE) <input type="checkbox"/>	Sidewalk <input type="checkbox"/>	Stage/Orch. <input type="checkbox"/>	Dumbwaiter <input type="checkbox"/>	Type B Mat'l Lft <input type="checkbox"/>		
Drive Type	Electric Traction				Hydraulic							
	Overhead <input type="checkbox"/>	Machine room-less <input type="checkbox"/>	Basement <input type="checkbox"/>	Winding drum <input type="checkbox"/>	Direct In Ground <input type="checkbox"/>	Direct Hole -less <input type="checkbox"/>	Roped <input type="checkbox"/>	Chained <input type="checkbox"/>	Rack & Pinion (1) <input type="checkbox"/>	Screw (1) <input type="checkbox"/>	Hand (1) <input type="checkbox"/>	
Rated load (lbs):			Rated speed (up, fpm):			Rated or operating speed (down, fpm):			Leveling speed (fpm):			
<b>PTO Year:</b> _____ Test results can be used to satisfy either an overdue or future PTO but not both. See SPS 318.17086 (14)												

**(1) These tests are required to be performed most commonly for Traction (8.6.4.20) and Hydraulic Elevators (8.6.5.16) however may also be required for Rack & Pinion (8.6.6.1.1), Screw (8.6.6.2.1), Hand (8.6.6.3.1) and Special Application (8.6.7) Elevators, Dumbwaiters and Type B Material Lifts (8.6.10.1.1 and 8.8.10.2.1 - acceptance).**

Also refer to the code in effect when the conveyance or applicable components were installed, unique manufacturer's procedures as addressed in ASME A17.1, 8.6.1.2.1(f) and 8.6.1.2.2(b), and ASME A17.2.

Component, device or system	Pass	Fail	n/a	Date	Component, device or system	Pass	Fail	n/a	Date
Safety device, Car See form SBD 2E-E					Trac. Brake sys,traction, tract. limit -125% (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety device, Cwt See form SBD 2E-E					Trac. Ascending car overspeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Governor, switch, seal See form SBD 2E-E					Trac. Unintended movement -125%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trac. Oil buffers Car <input type="checkbox"/> Cwt <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hyd. Roped coated ropes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trac. Driving machine brakes - 125% (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hyd. Roped wire rope fastenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trac. Em. term. stopping & speed limiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hyd. Plunger gripper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trac. Power opening of doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hyd. Overspeed valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trac. Leveling zone and leveling speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hyd. Freight sustain, level w/max load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trac. Inner landing zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		All. Emerg communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**(2) Alternative test methods meeting A17.1, 8.6.11.10, approved by the department and addressed in SPS 318.17086 (5)(c) & (12) may be used. If alternative test methods are used, attach the results.**

Tester Information				
Contractor Name (or Owner if performed by a licensed employee)			Individual Name	
Address			License Number	Expiration Date
City	State	ZIP	Signature	

A copy of this completed test form or a similar record of results of the applicable tests must be located on site in the Maintenance Log according to SPS 318.17086(2)(g) 1 or 2 as applicable.

Elevator test records and other required documentation are not to be accessed via an elevator car top. See ASME A17.1, 8.6.1.4.1, 8.6.1.7.2 and SPS 318.17086(5) for additional information regarding on-site records and test tags.

Per SPS 318.17086(4) periodic tests may be witnessed by an inspector of the department or agent municipality or person authorized by the department or agent municipality.