



Safety Device and Governor Test Report
Elevator, Platform Lift and Stairway Chairlift - Acceptance and Category 5
Dumbwaiter and Type B Material Lift - Acceptance
(For remainder of Cat 5 tests for A17.1 conveyances, see form SBD 10872 / Cat 5E)

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 | Pass <input type="checkbox"/> | Frt <input type="checkbox"/> | Comm. Inclined <input type="checkbox"/> | LULA <input type="checkbox"/> | Part V or Priv Res in a Comm. bldg. <input type="checkbox"/> | Special Purp (SPPE) <input type="checkbox"/> | Side walk <input type="checkbox"/> | Stage/Orch <input type="checkbox"/> | DW <input type="checkbox"/> | Type B Mat'l Lft <input type="checkbox"/> | VPL <input type="checkbox"/> | IPL <input type="checkbox"/> | SCL <input type="checkbox"/> |
| Drive Type | Electric Traction | | | | | Hydraulic | | | | Rack & Pinion <input type="checkbox"/> | | Screw <input type="checkbox"/> | Hand <input type="checkbox"/> |
| | 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"/> | | | | | |
| Rated load (lbs): | | | Rated speed (up, fpm): | | | Rated or operating speed (down, fpm): | | | Leveling speed (fpm): | | | | |
| Date of Test: | | | | PTO Year: <small>Test results can be used to satisfy either an overdue or future PTO but not both. See SPS 318.17086 (14)</small> | | | | | | | | | |

Acceptance Tests: See A17.1, 8.10.2.2.2(hh) & (ii) for Traction elevators, 8.10.3.2.3(u) for Hydraulic elevators and 8.10.5 for Rack & Pinion, Screw and Hand powered elevators and Special Application elevators. See 8.6.10.1.1 for Dumbwaiters and 8.6.10.2.1 for Type B Material Lifts. See A18.1, 10.1.3 for Vertical and Inclined Platform Lifts and Stairway Chairlifts.

Category 5 Tests: See A17.1, 8.6.4.20 for Traction elevators, 8.6.5.16 for Hydraulic Elevators, 8.6.6 for Rack & Pinion, Screw and Hand elevators and 8.6.7 for Special Application Elevators. See SPS 318.17086(10)(b) for Part V or Residential elevators in commercial buildings. See A18.1, 10.3.3 for Vertical and Inclined Platform Lifts and Stairway Chairlifts.

Also refer to the code in effect when the conveyance or applicable components were installed and 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.

| These results are for the elevator, dumbwaiter or Type B material lift car, platform lift or stairway chairlift safety <input type="checkbox"/> or counterweight safety <input type="checkbox"/> | | | | | | | | | | | | | | |
|--|---|--|---|--|-----------------------------|--|---|--|--|---|--|-------------------------------|-----------------------------------|--|
| Safety Device (1) | | | | | | | Governor (if so equipped) | | | | | | | |
| Manufacturer | | | Model / ID Number | | | | Conventional <input type="checkbox"/> | | Integral with safety device <input type="checkbox"/> | | | None <input type="checkbox"/> | | |
| Type A: <input type="checkbox"/> | B, flex guide clamp: <input type="checkbox"/> | | B, wedge clamp: <input type="checkbox"/> | | C: <input type="checkbox"/> | | Manufacturer | | | Model / ID Number | | | | |
| Guide rails: Steel (full-load or alternative method) <input type="checkbox"/> | | | | | | | Wood (no load) <input type="checkbox"/> | | Fly-ball centrifugal <input type="checkbox"/> | | Non-flyball centrifugal <input type="checkbox"/> | | Friction <input type="checkbox"/> | |
| Was test made with rated load? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | Rope Mat'l Manila <input type="checkbox"/> Iron <input type="checkbox"/> Steel <input type="checkbox"/> 6 x 19 <input type="checkbox"/> 8 x 19 <input type="checkbox"/> | | | | | | | |
| If no, explain: | | | | | | | Overspeed switch present? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> | | | | | | | |
| Stopping distance (in.) | | | Car out of level (in.) | | | | Overspeed switch trip speed adjusted? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> | | | Overspeed switch trip speed sealed? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> | | | | |
| If wood, replacement of wood rail necessary after test? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | Overspeed switch trip speed (fpm): | | | | | | | |
| Type A safety, tested by inertia? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> | | | Type A safety, tested for slack susp operation? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> | | | | Gov. trip spd. adjusted: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Gov. trip spd. (fpm): | | | | |
| Type B drum-operated wedge clamp safety: | | | | | | | Gov. trip spd. sealed: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Gov. rope size: (in/mm) | | | | |
| No. of turns on drum before test: | | | No. of turns after test: | | | | Gov. rope pull-thru (lbs): | | | Gov. pull-out force (lbs): | | | | |
| Was test satisfactory: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | If no, explain: | | | | | | | |

(1) For A17.1 conveyances, 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 an alternative test method is 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 |

Personnel and Documentation: See A17.1, 8.6.1.4.1, 8.6.1.7.2, SPS 318.17086 (2)(g), (4), (5), (8) and (10)(a), SPS 170810(3), SPS 318.170811(1) – (4) and A18.1, 11.2. Elevator test records and other required documentation are not to be accessed only via an elevator car top. If records are kept there, an identical set must be accessible on a building floor level.