

Completed test form to be left in Maintenance Log

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

Do not send to DSPS for review unless requested



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 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:			Test results can be used to satisfy either an overdue or future PTO but not both. See SPS 318.17086 (14)							

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 8.6.10.2.1 - 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.

This form is for the elevator, dumbwaiter or Type B material lift <i>car</i> , platform lift or stairway chairlift safety <input type="checkbox"/> or <i>counterweight</i> safety <input type="checkbox"/>														
Safety Device (1)							Governor							
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"/>							
If wood, replacement of wood rail necessary after test? Yes <input type="checkbox"/> No <input type="checkbox"/>							Overspeed switch trip speed sealed? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>							
Type A safety, tested by inertia? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>							Overspeed switch trip speed (fpm):							
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) 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	
City			Expiration Date	
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.