

**If these tests were not witnessed by the  
 Inspector responsible for inspecting this  
 conveyance, send this completed form to the  
 Inspector**



**Elevator, Platform Lift and Stairway Chairlift  
 Safety Device and Governor Test Report - Acceptance and Category 5  
 Dumbwaiter and Type B Material Lift Safety Device and Governor Test Report – Acceptance**

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.]

Building Information					Owner Information (complete if changed)						
Name					Name						
Address					Address						
City		State	WI	ZIP	City		State	ZIP			
Conveyance Information			Regulated Object ID or Tag No.			Manufacturer					
Type	Pass <input type="checkbox"/>	Freight <input type="checkbox"/>	Comm. Inclined <input type="checkbox"/>	Ltd. Use/ Ltd. Appl. (LULA) <input type="checkbox"/>	Part V or Residential <input type="checkbox"/>	Special Purp. (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"/>	
	Vertical Platform Lift Not of screw drive type <input type="checkbox"/>			Inclined Platform Lift <input type="checkbox"/>	Stairway Chairlift <input type="checkbox"/>	Other <input type="checkbox"/> Describe:					
Drive Type	Electric Traction				Hydraulic				Rack & Pinion <input type="checkbox"/>	Screw <input type="checkbox"/>	Hand <input type="checkbox"/>
	Overhead <input type="checkbox"/>	Mach. 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):		Operating speed (down, fpm):			Leveling speed (fpm):				

For **Acceptance** tests see **ASME A17.1, 8.10.2.2.2(hh) & (ii), 8.10.3.2.3(u), 8.10.5 or ASME A18.1, 10.1.3** as applicable.  
 For **Cat. 5** tests see **8.6.4.20.1, 8.6.4.20.2, 8.6.5.16.1, 8.6.6.1.1, 8.6.6.2.1, 8.6.6.3.1, 8.6.7 & SPS 318.1708(2)(j) or SPS 318.1810(7)**.

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.

Safety Device *				Governor *									
Manufacturer		Model / ID Number		Normal/typical <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. adjust'd: 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):							
Date of Test:		Was test satisfactory: Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, explain:									

\* For CAR, PLATFORM or CHAIR. For COUNTERWEIGHT where applicable, attach a second completed form and check this box on that form:

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

**For an elevator, dumbwaiter or material lift, place a copy of the completed form in the Maintenance Record.  
 See ASME A17.1, 8.6.1.4.1, 8.6.1.7.2 and SPS 318.1708(2)(e) for additional information regarding on-site records and test tags.**

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**Witnessing of Tests: SPS 318.1708(2)(d).** Periodic tests may be witnessed by an inspector of the department, agent municipality or by a person authorized by the department or agent municipality.