



### Elevator and Amusement Ride Division

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# Dumbwaiter & Material Lift Safety Test Report

(Revised 1/01/2023)

## General Information

Building Name:			Manufacturer:			Conveyance #:					
Address:			City:			ZIP:					
Install Date:			Stops:			Capacity:	lbs				
Test Date:			Lift Type: <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other:					Rated Speed:	fpm		
Test Type:	<input type="checkbox"/> Witnessed Test			<input type="checkbox"/> Category 1 Test			<input type="checkbox"/> Category 5 Test				
Safety Type:	<input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Drum <input type="checkbox"/> Safety Nut <input type="checkbox"/> Other:										
Driving Means:	<input type="checkbox"/> Winding Drum			<input type="checkbox"/> Chained Sprocket		<input type="checkbox"/> Roped Sprocket		<input type="checkbox"/> Traction		<input type="checkbox"/> Screw	<input type="checkbox"/> Rack and Pinion
	<input type="checkbox"/> Direct Plunger Hydraulic			<input type="checkbox"/> Roped Hydraulic		<input type="checkbox"/> Level Hydraulic		<input type="checkbox"/> Friction		<input type="checkbox"/> Other:	
Inspector Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Inspector Signs Report</i>										

## Tested Components

Regardless of the installation date of the Conveyance, the items below must be tested and meet ASME requirements.

Component	Test Result		
Hydraulic Cylinders – <i>Cylinders not Exposed must be Tested</i>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Safeties – <i>Type A and B Safeties are Tested with No Load</i>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Governors – <i>If Screw-Drive, Safety Nut must be Tested</i>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Normal Stopping Devices ( <i>Acceptance Test Only</i> )	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Terminal Stopping Devices ( <i>Upper and Lower; Acceptance Test Only</i> )	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Broken Rope, Tape or Chain Switch – <i>The Switch that Senses Failure of the Connection</i>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Slack-Rope Devices on Winding Drum Machines	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Braking System – <i>Test With Rated Load (Capacity)</i>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Ropes and Fastenings	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Rated Speed in Up Direction	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Rated Speed in Down Direction	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Door Interlocks/Gate Switches	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Emergency Stop Switch	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Emergency Signals	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A

## Other Items

Test Tags Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Logs Updated with this Event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>All Test Requirements:</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<i>Pass may only be checked if all items on this test form meet the adopted code requirements.</i>	

## Certifications

By signing below, I certify that all statements are true to the best of my knowledge and that all testing was performed according to the current adopted codes.

Mechanic Name:			Contractor Company Name:		
Mechanic Signature:			Date:		
Inspector Name:			Inspection Company Name:		
Inspector Signature:			Date:		
			QEI #:		