



Elevator and Amusement Ride Division
 1313 Farnam, Rm. 233 Omaha, NE 68102 Office: 402-595-3184 Fax: 402-595-1360
 SFM.Conveyances@nebraska.gov

Roped Hydraulic Elevator Safety Test Report

General Information

Building Name:	Manufacturer:	Conveyance #:
Address:	City:	ZIP:
Install Date:	Stops:	Capacity: lbs
Test Date:	Rated Speed: fpm	Inspector Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, inspector signs report.</i>
Test Type: <input type="checkbox"/> Acceptance <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 5 Witnessed	Duty: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight	Freight Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Relief Valve

Piston Diameter: in	No-Load Working Pressure: psi	Full Load Working Pressure: psi
Relief Valve Setting (set at 150% or less of working pressure): psi	Adjustment Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adjustment Sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Safeties/Governor

Mechanical and Visual Check of Governor Operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Governor Tripping Speed: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Speed at which Governor Tripped: fpm	Car Safeties (Rated Load): <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Slack Rope Switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Overspeed Valve Operational? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Power Down Static Tests

Time Started:	Time Ended:	Elapsed Time: min
Proper Fuses Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Connections Tight? <input type="checkbox"/> Yes <input type="checkbox"/> No	Controller Clean? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relay(s) Visually Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Change in Car Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, By What Distance?</i> in
Oil Loss Accounted For? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If any oil loss cannot be accounted for, the elevator must be removed from service and the Authority Having Jurisdiction must be notified.</i>	

Safety Devices

Stop Switches			
In Car: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Pit: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Top of Car: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Directional Limits		Final Limits	
Up: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Down: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Up: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Down: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Low Oil Protection: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Escape Hatch Contact: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		
Low Oil Pressure Switch: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Re-level During Manual Lowering: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		

Doors

Closing Force (max 30 lbf):	Safety Edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Door Guides Secure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Closing Time: sec	Electronic Edge: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Door Interlocks/Gate Switch/Door Restriction: <input type="checkbox"/> Pass <input type="checkbox"/> Fail

Emergency Operations

Phase I Recall: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Phase I Fire Service Instruction Signage in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Phase II Operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Phase II Fire Service Instruction Signage in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Emergency Communication: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Alarm Bell: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Emergency Lights: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Standby/Emergency Power Operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<i>125% of rated load is not required.</i>	

Other Items

Jumpers Removed? <input type="checkbox"/> Yes	Logs Properly Maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Test Tag Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
All Test Requirements: <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 current adopted codes.

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

Responsible Party Name

Phone #

Email