

## SAFETY TEST FORM

Inspection Type:  Annual  5 Year

Inspector #		MD State Registration #		Date of Applicable Code used	
<b>SITE DATA</b>	Site Name (individual, Partnership, Corporation)			County	
	Site Street Address		Site City, State, Zip		
Unit Class: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight <input type="checkbox"/> SW <input type="checkbox"/> DW		Elevator Type: Traction      Hydraulic      Drum      Rack & Pinion <input type="checkbox"/> TO <input type="checkbox"/> TB <input type="checkbox"/> HO <input type="checkbox"/> HB <input type="checkbox"/> DO <input type="checkbox"/> DB <input type="checkbox"/> Elec <input type="checkbox"/> Hyd <input type="checkbox"/> Roped Hydraulic <input type="checkbox"/> Hand <input type="checkbox"/> Other _____			
Type of Test: <input type="checkbox"/> Car Safety <input type="checkbox"/> Counter Weight Safety <input type="checkbox"/> Governor <input type="checkbox"/> Oil Buffer <input type="checkbox"/> Relief Valve <input type="checkbox"/> None			Type of Safety: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> C		
CWT Run-By Bottom ____ft. ____in. Top ____ft. ____in.		CAR Run-By Bottom ____ft. ____in.		Maximum Design CWT Run-By Bottom ____ft. ____in	
Sign Posted on CWT Guard or Hoistway Wall? <input type="checkbox"/> Yes <input type="checkbox"/> No 125% Rated Load Test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Rated Load Test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Actual Gov Trip Speed    Actual Gov Overspeed Sw CAR ____FPM              CAR ____FPM CWT ____FPM              CWT ____FPM		Pullout Length: ____ft. ____in.	
# of Turns on Drum: _____ <input type="checkbox"/> NA	Slack Cable SW: <input type="checkbox"/> On Car <input type="checkbox"/> On Machine <input type="checkbox"/> NA	Governor/Valve Sealed By: <input type="checkbox"/> State <input type="checkbox"/> Elevator Company		Emergency Brake Operation <input type="checkbox"/> Unintended Movement <input type="checkbox"/> Ascending Car	
Type of Governor: <input type="checkbox"/> Centrifugal <input type="checkbox"/> Fly Ball <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> None		Pull Through ____Lbs. Pull Out ____Lbs.		Type of Car Buffer: <input type="checkbox"/> Oil <input type="checkbox"/> Spring <input type="checkbox"/> Other	
Type of CWT Buffer: <input type="checkbox"/> Oil <input type="checkbox"/> Spring <input type="checkbox"/> Other		Plunger Returned in 90 seconds: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Fireman Service Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA # of Smokes _____ <input type="checkbox"/> Phase I # of Shunts _____ <input type="checkbox"/> Phase II	
Static Drift Test: ____in. ____min.		Emergency Power Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Relief Valve Opened: _____ psi Empty Pressure: _____ psi Static Pressure: _____ psi Working Pressure: _____ psi	
		Battery Lowering device? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			

NAME OF ELEVATOR COMPANY: \_\_\_\_\_

SIGNATURE OF COMPANY REP: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF INSPECTOR: \_\_\_\_\_