

ANNUAL TRACTION, DRUM OR RACK AND PINION ELEVATOR TEST FORM

STATE OF MONTANA DEPARTMENT OF LABOR AND INDUSTRY BUILDING CODES & COMMERCIAL MEASUREMENTS ELEVATOR SAFETY SECTION

Per ARM 24.301.602 (1) (d) ASME A17.1 2004 8.11.2.2

All testing shall be performed by a licensed elevator personnel

State Elevator No. _____

Building Name _____ County: _____

Address _____ City _____ Zip _____

Type of elevator: Passenger () Freight () LULA () Dumbwaiter () Other: _____

Machine type: Traction () Drum () Rack and Pinion () Other: _____

Type of Safety: Broken rope () A: Instantaneous () B: Gradual () C: Type A with oil buffers ()

Location of safety devices: Safety Plank () Crosshead () Counterweight ()

Did all Door Locks, Car Gates, Stop, Broken-Rope, Selector tape/cable, Car top exit or compensation switches disable elevator as required? Yes () No ()

Material of guide rails: Car: Steel () Wood () Counterweight: Steel () Wood () NA ()

Type of governor: Flyball () Centrifugal () NA () Sealed before test: Yes () No () NA ()

Type and number of buffers: Car: Spring () Oil () NA () Other _____ Number: _____

Counterweight buffers: Spring () Oil () NA () Other _____ Number: _____

Did Final Limits operate in both directions? Yes () No () NA () Did Normal limits Operate as required Yes () No ()

Did Firefighter's Emergency Operation Phase 1 & 2 function as required? Yes () No () NA ()

Was the door closing force less than 30 lbs. When tested between 1/3 and 2/3 of opening after stalling door: Yes () No () NA ()

Are the required governor, buffer and releasing carrier seals and tags affixed in accordance with the Code? Yes () No ()

Has this test been logged in the elevator maintenance log and is the maintenance log up to date? Yes () No ()

****Marking Pens do not qualify as a permanent manner. ****

****Tags can only be used for a one-year period****

PERIODIC TEST FOR GOVERNORS, SAFETIES AND OIL BUFFERS

Cable leaving the safety drum: _____ inches. NA () Turns remaining on drum: _____ NA ()

Did governor jaws drop of its own weight when latch was released? Yes () No () NA ()

Did all parts of governor and safety perform the functions for which intended? Yes () No () NA ()

Did governor switch disable elevator? Yes () No () NA ()

Did Safety operated switch disable elevator? Yes () No () NA ()

Did oil buffers return within 90 sec. and was oil level checked? Yes () No () NA ()

Have any changes been made since last year? Yes () No () Are any changes needed? Yes () No ()

Company Name _____ Sign Name _____

Print Name _____ State License No. _____ Date _____

All lines must be filled out with each test. Send results within 10 days to:

Building Codes Program Box 200517 Helena, MT 59620-0517 Fax 406-841-2050 or email: buildingcodes@mt.gov

10/2/2018