

FIVE YEAR FULL LOAD 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 8.11.2.3 & 8.11.3.4
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 () Roped Hydraulic () Other: _____

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

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 () Other () _____ 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: _____

Was governor tripping speed tested? Yes () No () Tripping speed _____ fpm. NA ()

Did Final Limits operate in both directions? Yes () No () NA () Did Final 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 safety releasing carrier seals, relief valve 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****

FIVE YEAR FULL LOAD TEST

Safety tested by: Obtaining slack in hoist cables () Tripping governor at rated tripping speed with rated load ()

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

Governor tripping speed is: _____ fpm. NA () Car slide: _____ inches. (Average of all four marks)

Tripping speed of governor switch _____ fpm. NA () Rated Governor tripping speed _____ fpm. NA ()

Rated Governor switch tripping speed _____ fpm. NA ()

Platform was out of level _____ inches with safety devices set. What is the weight for a balanced car _____ lbs. NA ()

Was the braking system tested per ASTM 17.1 Section 8.11.2.3.4? Yes () No ()

Did oil buffers return within 90 seconds and oil level checked? Yes () No () Test performed with _____ lbs. in car.

Did elevator lose traction with rated load in car? Yes () No ()

Car speeds: Empty up: _____ fpm. Empty Down: _____ fpm. Full load up: _____ fpm. Full load down _____ fpm.

(Also applies to One Man Hand Powered Elevator tests every 12 months)

THIS ROPED HYDRAULIC ELEVATOR HAS BEEN TESTED TO CONFORM WITH ALL APPLICABLE REQUIREMENTS OF ASME 17.1 2004

Relief valve by-passed pressure at: _____ psi. NA () Measured full load working pressure: _____ psi. NA ()

Car speeds: Rated load up: _____ fpm. Rated load down _____ fpm. NA ()

Was there any change in the car position which cannot be accounted for by visible oil leakage or temperature change during the standard test?

Yes () No () 15 minute test required. Rule 1005.2a Was this test up against the stop ring? 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