

STATE OF MONTANA DEPARTMENT OF LABOR AND INDUSTRY BUILDING CODES BUREAU - ELEVATOR SAFETY SECTION
PO BOX 200517
HELENA, MONTANA 59620-0517 State Elev. No _____

TEST REPORT OF GOVERNORS, SAFETY DEVICES, OIL BUFFERS AND RELIEF VALVES Required by ARM 24.301.601 (d)
ASME A18.1, 2003 Edition

Lift Test Form

Name of Building: _____ County: _____

Address of Building: _____
NUMBER STREET CITY ZIP CODE

Machine type: Traction () Drum () Sprocket () Hydraulic () Rope Hydraulic () : _____
Type of safety being tested: Broken rope () A () B () C () Relief valve () A (Instantaneous)
Location of safety devices: Safety plank () Crosshead () Counterweight () B (Gradual)
Material of guide rails: Car: _____ Counterweight: _____
Type of governor: Flyball () Centrifugal () Seal before test: Yes () No ()
Type and number of buffers: Car: _____ Counterweight: _____
Was governor tripping speed tested? Yes () No () Tripping speed is: _____ fpm
Are the required governor, buffer, carrier and relief valve seals and tags affixed in accordance with the code rules? Yes () No ()

PERIODIC TEST FOR GOVERNORS, SAFETIES AND OIL BUFFERS
Section 8.10.3 of ASME A18.1, 2003 Edition- REQUIRED EVERY 12 MONTHS

Did governor jaws drop of own weight when latch was released? Yes () No ()
Did all parts of governor and safety perform the functions for which intended? Yes () No ()
***Was metal tag, as required, placed on the safety release earner and buffers in a permanent manner? Yes () No ()**

FULL LOAD MAINTENANCE TEST
Section 8.10.3 of ASME A18.1, 2003 Edition - REQUIRED EVERY 5 YEARS

Safety tested by: Obtaining slack in hoist cables () Tripping governor at rated speed with rated load ()
Tripping speed is: _____
Test performed with: _____ lbs. In car.
Car speeds: Rated load up: _____ fpm Rated load down _____ fpm.
***Was metal tag, as required, placed on the safety release carrier and buffers in a permanent manner? Yes () No ()**

THIS HYDRAULIC LIFT HAS BEEN TESTED TO CONFORM WITH ALL APPLICABLE REQUIREMENTS OF ASME A18.1, 2003 Edition,
Section 10.3.1 - REQUIRED EVERY 12 MONTHS

Relief valve by-passed pressure at: _____ psi. Rated load working pressure: _____ psi.
Car speeds: Rated load up: _____ fpm Rated load down _____ fpm.
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 minutes test required. Rule 1005.2a
***Was metal tag, as required, placed on relief valve in a permanent manner? Yes () No ()**

Have any changes been made since last test? Yes () No () Are any changes necessary? Yes () No ()

Company conducting test: _____

Person conducting test : Print _____

Person conducting test signature : _____

Date of test: _____

SECTION (1) MUST BE FILLED OUT WITH EACH TEST
File with Elevator Safety Section within 10 days after completion of inspection and tests

Building Codes Bureau Fax Number – (406) 841-2050
Building Codes Bureau Email Address – buildingcodes@mt.gov