

Escalator and Moving Walk Test										
Montana Dept of Labor & Industry Elevator Safety		State Elevator I	State Elevator Record Number:		Elevator Contractor:		Date:			
PO Box 200517		Building Name:	Building Name: Elevator Contracto			Contractor Ph	Phone Number			
Helena, MT 59620					Lievator					
					Duilding	0:6				
Phone: 406-841-2056 Building Address: Building Generation Building					Sity:					
Email. buildingco										
TEST TYPE:										
DESCRIPTION							RESULT			
Machine space: access – clean							P	F	N/A	
Machine space stop switches							P	F	N/A	
Controller and wiring examination							Р	F	N/A	
Drive machine and brake exam and test – includes brake torque test							P	F	N/A	
Torque maxTorque minBreakawayDynamic							;			
Speed governor & speed test							P	F	N/A	
Broken drive chain device							P	F	N/A	
Reversal stop switch device							P	F	N/A	
Broken step chain or treadway device:							P	F	N/A	
Step up thrust device							P	F	N/A	
Missing step or missing pallet device:							Р	F	N/A	
Examine steps, pallets, chains, and trusses. Chain stretch							Р	F	N/A	
Test handrail system: (entry, speed monitoring devices)							Р	F	N/A	
Examine and test outdoor heater operation (outdoor ESC and MW only)							Р	F	N/A	
Escalator chain stretch (clearance between steps 6mm or less)							Р	F	N/A	
Disconnected motor safety device							Р	F	N/A	
Response to smoke detectors							Р	F	N/A	
Comb Impact device							Р	F	N/A	
T_left force hor				T_right force hor						
B_left force hor		B_center force vert H B_right force h								
Step/ skirt indexing and loaded gap – escalators only P F N/									N/A	
Left step one indexRight step one index<0.15 without de						flector				
Left step two index Right step two index					<0.4 w	ith deflect	or			
Loaded gap – escalators installed under the A17.1-2000 or later							Р	F	N/A	
Loaded gap left Loaded gap right										
Gap between step and skirt (not loaded) <.1875in (4.8mm)							P	F	N/A	
Inspection control devices							Р	F	N/A	
Step lateral device (curved escalators only)							Р	F	N/A	
Tandem operation							Р	F	N/A	
Skirt obstruction devices							Р	F	N/A	
Egress restriction devices – varied speed escalators & moving walks							Р	F	N/A	
This form is designed to allow the user to identify when a required test was completed within the identified timeline, and the licensed individual (mechanic) performing the test. Category tests are to be completed as identified. "Other required documentation" shall be checked minimally once a year. Complete the form and submit a copy annually to the Department of Labor & Industry. Any results identified as "failed" shall be addressed immediately with the owner. Licensed elevator contractors shall not leave any elevator in service if an unsafe condition exists as a result of these or any other tests.										
Elevator mechanic license number: Email:										
Elevator mechanic phone number:			Signature:							