



Hydraulic Elevator Test

Montana Dept of Labor & Industry Elevator Safety PO Box 200517 Helena, MT 59620 Phone: 406-841-2056 Email: buildingcodes@mt.gov	State Elevator Record Number:	Elevator Contractor:	Date:
	Building Name:	Elevator Contractor Phone Number:	
	Building Address:	Building City:	

TEST TYPE:	ACCEPTANCE	5 YEAR (CAT 5)	ANNUAL (CAT 1)
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DESCRIPTION	RESULT
No load pressure	NL
Full load	FL
Calculated load factors – piston diameter capacity	Calc FL
Relief valve pressure	PR
Cylinder and piping – leak test – movement 15 min	P F N/A
Normal & final terminal stopping devices: examine and test for operation	P F N/A
Buffers – condition?	P F N/A
Firefighters’ emergency operation	P F N/A
Standby EP operation – annual; battery lowering – acceptance	P F N/A
ETSLD and ETSD test	P F N/A
Low oil protection – test for proper operation	P F N/A
SIL and EPD devices	P F N/A
Flexible hose and fitting assemblies	P F N/A
Pressure switch	P F N/A
Door code zone speed and door closing force	P F N/A
Slack rope device – test for proper operation (if applicable)	P F N/A
Governors: operate manually – visual inspection verify parts operate freely	P F N/A
Gov trip speed Gov pull through Safety pull out	N/A
Safeties:	P F N/A
Car slide	N/A
Coated rope inspection (if applicable)	P F N/A
Wire rope fastening inspection (roped hydro)	P F N/A
Plunger gripper examine and test (if applicable)	P F N/A
Over-speed valve (if applicable)	P F N/A
Access provided for Inspector and mechanic for MCP and records?	Y N
Test tag securely attached to controller?	Y N
Code data tags present and up to date?	Y N
Car lighting – test back up with power off (not test button)	P F N/A
Emergency com phone/ alarm bell – tested with normal power off	P F N/A
Restriction of door open: = < than 4’ outside of the unlocking zone	P 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: