



Traction 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)
-------------------	-------------------	-----------------------	-----------------------

DESCRIPTION	RESULT		
Oil buffers	P F N/A		
Safeties	P F N/A		
Governors: operate manually—visual inspection verify parts operate freely	P F N/A		
Slack rope devices on winding drum (IF applicable)	P F N/A		
Normal & final terminal stopping devices: examine and test for operation	P F N/A		
Firefighters' emergency operation	P F N/A		
Standby EP operation (no load)—verify selective operation for each car	P F N/A		
Door code zone speed/ door closing force	P F N/A		
Broke rope, tape switch operation (IF applicable)	P F N/A		
EPD and SIL rated device testing procedure performed	P F N/A		
Ascending car and unintended car movement protection	P F N/A		
Traction loss detection means	P F N/A		
Broken rope and residual strength detection	P F N/A		
Car slide	Counterweight slide	N/A	
Gov trip speed	Gov pull through	Safety pull out	N/A
Oil buffer tests: Car-full load;	Counterweight-empty car	P F N/A	
Brake tested at- 125% Capacity	P F N/A		
Emergency and standby power	P F N/A		
ETSLD and ETSD test	P F N/A		
Power opening of the door within the landing zone	P F N/A		
Leveling zone and speed	P F N/A		
Inner landing zone for static control elevators	P F N/A		
Emergency stopping distance	P F N/A		
Emergency brake test	P F N/A		
Access provided for Inspector and mechanic for MCP & records?	Y N		
Periodic 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: = or < 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: