Name of Jurisdictional Authority: State of Montana

Contact Phone Number: (406) 841-2056

MONTHLY FIRE SERVICE TEST LOG

The building owner or his/her designee shall provide for a monthly test of Phase I and Phase II of the firefighters' emergency service operation for each elevator in conformance with ASME A17.1a-2005, 8.6.10.1.

This log shall remain in the elevator machine room and shall be accessible for inspection by the authority having jurisdiction at all times.

PROPERTY LOCATION _____

ELEVATOR REGISTRATION NUMBER _____

ELEVATOR NUMBER _____

DATE	PHASE I	PHASE II	TESTED BY (INITIALS)	PASS/FAIL (P/F)	REASON FOR FAILURE	DATE REPAIRED and INITIALS

The building owner or designee is required to promptly repair any discrepancies and shall notify the appropriate local authorities of any outages relating to the firefighters' service operation.

Contact Phone Number: (_____)_____