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: ________________________________________________________________________________________________

Machine type: Traction ( ) Drum ( ) Sprocket ( ) Hydraulic ( ) Rope Hydraulic ( ) : _______________________________
Type of safety being tested: Broken rope ( ) A( ) B( ) C( ) Relief valve ( ) A (Instantaneous) B (Gradual)
Location of safety devices: Safety plank ( ) Crosshead ( ) Counterweight ( )
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