

Platform Lift Test & Inspection Report

Iowa Workforce Development - Division of Labor
1000 East Grand Avenue - Des Moines, Iowa 50319-0209

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Annual 5-Year Acceptance Alteration

*State Permit/Identification No.

Passed Inspection Failed Inspection
 Passed Test Failed Test

*Date Tested

Complete all items at time of acceptance, alteration or 5-year tests. Complete asterisk (*) items for annual inspection. Write "N/A" if not applicable.
Forms will be returned if not completed.

*OWNER NAME:

*OWNER ADDRESS:

*LIFT LOCATION:

*LIFT ADDRESS:

*Vertical Platform Lift *Inclined Platform Lift

*Owner's Designation

*Serial No.

*Type of Machine

*Manufacturer

*Rated Load: lbs

*Rated Speed: feet/minute

*No. landings

*No. of Platform
Openings

*Installation Code Year

*Alteration Code Year

*Type of governor:

Car speed loaded: up

ft./min.

down

ft./min.

Governor Tripping speed-fpm:

*Car speed unloaded: up

ft./min.

down

ft./min.

*Governor sealed

YES NO NA

Loaded working pressure at pump:

psi

By Whom:

Date Sealed:

*Unloaded working pressure at pump:

psi

*Condition of governor rope prior to test:

*Relief valve pressure:

psi

*Condition of governor rope after test:

*Condition of the hydraulic hoses and fittings:

Governor safety test tag applied:

YES NO NA

*Next replacement date of the hydraulic hoses:

*Governor rope data tag installed:

YES NO NA

*Relief valve sealed?

YES NO NA

*Does car leak down?

YES NO NA

*Do all interlocks function properly?

YES NO NA

*Contact and lock function properly?

YES NO NA

*Electric strike function properly?

YES NO NA

*Condition of piston:

*Do the safe edge and light rays, or
electronic door reopening device function
properly?

YES NO NA

*Condition of packing:

*Safety Bulkhead: YES NO

NA

*Does car stop level at all floors?
(1/2 inch above or below allowable)

YES NO

*Date Installed:

Do obstruction devices operate properly?

YES NO NA

*Condition of oil:

[]

- *Door closing force measures: [] lbs. - Front
[] lbs. - Rear
- *Type of Rails: []
- *Type of safety: []
- *Condition of safeties prior to test: []
- *Condition of safeties after test: []
- *Car safeties tested with [] pounds load at FPM []
- *Car safety jaw rail marking: Ft. [] In. []
- *Did car set level (3/8 inch per foot DBG allowable): []
- *Type of car buffers: Spring
 Solid Other []
- *Stop Switch Function Properly: YES NO NA
- *Landing Door Lock within 2 inches: YES NO NA
- *Platform Door Lock within 2 inches: YES NO NA
- *Machine Brake: YES NO NA
- *Data Plate: YES NO NA
- *Broken Belt or Chain Device Tested: YES NO NA
- *Emergency Signal: YES NO NA
- *Did self locking drive stop and hold loaded carriage within 4 inches? YES NO NA
- *Was Safety nut field tested? YES NO NA
- *If not provide engineering test document on safety nut.

- *Was speed limiting device field tested? YES NO NA
- *If not provide engineering document on device used.
- *Does slack cable switch work properly? YES NO NA
- *Does car safety switch work properly? YES NO NA
- *Car safety test tag applied? YES NO NA

- Brake tested at rated load? YES NO NA
- *Does 2-way communication work properly? YES NO NA
- *Emergency lighting and alarm bell operation tested? YES NO NA
- *Standby or emergency power tested? YES NO NA

- *Type Suspension Means: []
- *Suspension means data tag installed: YES NO NA
- *Condition of suspension means: []

- *Restriction Signs: YES NO NA
- *Power Door Stall PSI []
- *Does car safety work properly? YES NO NA
- *Code Data Plate YES NO
- *Test Tag Installed per 18.1 YES NO

REMARKS & REPAIRS MADE EXPLAIN DEFICIENCIES:

[]

Company certifies that this test was performed to the requirements of ASME A18.1 and A117.1

Company performing test: [] Elevator Co. Address: []

Mechanic performing test: [] Date: []

Test witness by inspector: [] Date: []

QEI Provider: [] QEI Number: []