

## Elevator, Boiler, & Amusement Ride Bureau 6200 Park Ave., Ste. 100

Des Moines, IA 50321

## Escala

tor Test & Inspection Report ACME A17.1 – Sections 8.10.4 and 8.11.4	Passed test  Failed inspection  Failed test							
State ID:  Ar  Alteration  Ation or five-year tests. Write "N/A" if not applicable. Form will be returned if not not not index computer printout with this report.								

Date Tested \_

Passed inspection

Phone: 515.725.2537 elevators@iwd.iowa.gov	State ID:						Failed test	ailed test				
☐ Annual ☐ Acceptance ☐ Five-Year ☐ Alteration  Complete all items at time of acceptance, alteration or five-year tests. Write "N/A" if not applicable. Form will be returned if not completed. Submit copy of step/skirt performance index computer printout with this report.												
Escalator Information												
Owner Name					Building Name							
Owner Address					Location Address							
City			State	Zip	City				State	Zip		
Manufacturer			Installed code	edition	Serial # Normal travel of direction:							
									□∪p	☐ Down		
Rated Speed: fpm	Capacity:	lbs.	Brake torque data plate: (1983 or later	·)	Brake torque Actual:				Calibration Cetificate #:			
step/skirt performanc	e index mea	surements ps along the	(ASME AT	7.1 Rule 8.6.				no larger th	er than 150 mm (6 in) nded. Test steps shall be			
2.ASME A17.1 Sect Loaded gap measuren before the steps are fo	nents shall b	e taken at i	ntervals no	t exceeding	300 r	nm (II	2 in) in trans	sition regioi	n (ASME A	17.1 Rule 8	.6.8.2) and	
Top landing Top landing				Bottom landing			Bottom landing					
left:	right:						left:			right:		
3.ASME A17.1 Sect Unloaded gap measur A17.1 Rule 8.6.8.2.	tion 8, clea ements shal	rance bet I be taken a	<b>ween step</b> at several lo	and skirt ecations thro	(unlo	aded entire t	gap install cravel. Gaps	led prior t	o <b>ASME</b> A	A I 7.Id-200 ums found	<b>00)</b> in ASME	
Top landing Top landing				Bottom landing			Bottom landing					
left:	right:				left:				right:			
Top comb-step imp	oact device	(if provid	ed)									
Center:	ter: lbs.		Right:			lbs.		Left:		lbs.		
Bottom comb-step impact device (if provided)												
Center:	enter: lbs.		Right:	lbs	lbs.		Left:		lbs.			

Escalator Test & Inspection Report Continued

Date Tested:

State ID#: