



Elevator, Boiler & Amusement Ride Bureau
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Platform Lift Test & Inspection Report

Annual
 5-Year
 Acceptance
 Alteration

Passed Inspection
 Failed Inspection

Passed Test
 Failed Test

State Permit/Identification No.

*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

By Whom:

Date Sealed:

Loaded working pressure at pump:

psi

*Unloaded working pressure at pump:

psi

*Relief valve pressure:

psi

*Condition of the hydraulic hoses and fittings:

*Next replacement date of the hydraulic hoses:

*Relief valve sealed?

YES NO NA

*Does car leak down?

YES NO NA

*Condition of piston:

*Condition of packing:

*Safety Bulkhead: YES NO

NA

*Date Installed:

*Condition of oil:

*Condition of governor rope prior to test:

*Condition of governor rope after test:

Governor safety test tag applied:

YES NO NA

*Governor rope data tag installed:

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

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

YES NO NA

*Does car stop level at all floors?

(1/2 inch above or below allowable)

YES NO

Do obstruction devices operate properly?

YES NO NA

[]

*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: []