



Department of Inspections,
Appeals, & Licensing

**Elevator, Boiler, &
Amusement Ride Bureau**
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Wind Tower Lift Test & Inspection Report

Test Date:	State Permit Number:	Tower ID Number:		
Inspection:	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>		
Test:	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>		
Test:	Cat. 1 (1 year) <input type="checkbox"/>	Cat. 5 (5 year) <input type="checkbox"/>		
Inspection Type:	Acceptance <input type="checkbox"/>	Annual <input type="checkbox"/>	Alteration	<input type="checkbox"/>

Complete all items at the time of Cat. 5, acceptance or alteration tests. Complete asterisk (*) items for annual inspection. Write N/A if the item is not applicable. Test will be returned if not completed.

*Owner's Name			*Phone Number	
*Owner's Address	*City	*State	*Zip	
*Wind Farm Name		*Location Phone Number		
*Lift Address (<input type="checkbox"/> same as owner's address)	*City	*State	*Zip	
*Manufacturer	*Manufacturer model name		*Serial Number	
*Type of machine	Latitude (GPS coordinate)		Longitude (GPS coordinate)	

*Installation code year		*Alteration code year		*MAX overload allowed	lbs
*Rated load	fpm	*Rated speed	fpm	Overload device set at	lbs
Loaded car speed up	fpm	Loaded car speed down	fpm	Loaded emergency descent speed	fpm
*Unloaded car speed up	fpm	*Unloaded car speed down	fpm	Unloaded emergency speed	fpm
*Safety rope safety trip speed		*Safety rope safety set distance		*Safety rope replacement interval	
*Condition of safety after test		*Condition of safety rope after test		*Safety rope last replacement date	
*Hoist rope safety set distance		*Hoist rope safety trip speed	fpm	*Hoist rope replacement date last	
*Condition of hoist safety after test		*Condition of hoist rope after test		Hoist rope replacement date last	
*Guide ropes replacement interval		*Slack cable safety set distance		*Type of lock-out disconnect means	
*Hour meter reading		Maintenance logs on site	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Test	Pass	Fail	N/A	Test	Pass	Fail	N/A
*Hoist rope condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Hoist rope tension device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Safety rope condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Safety rope tension device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Guide rope condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Power cord catch basket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Guide rope tension device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Communication device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Suspension guide attachment beam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Hoist rope safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Suspension guide beam bolt torque stripes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Hoist rope safely switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Beam weld visual inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Safety rope safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Beam tower attachments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Safety rope safety switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Top hoist rope attachments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Slack cable safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Top safety rope attachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Slack cable safety switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Top guide ropes attachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Lift guide shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Hoist rope tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Suspended power cords (strain relief)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Safety rope tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Normal lower limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Guide rope tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Final lower limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Stop switch (e-stop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Normal too limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Run indicator light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Final too limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Operating controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Hoisting mechanism (cartop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Remote key switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Motor overspeed devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Bypass key safety switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overload device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Interior floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overload audible alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Interior lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overload indicator light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*lift framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Top/bottom flasher lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Entry door contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Condition of landing gates/fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Enclosure access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Lift and access areas free of oil/debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Enclosure signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Slack cable mechanism visual inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Manufacturer dataplate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Remote operating controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Hoisting mechanism visual inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Safety mechanism visual inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Test tag installed in lift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks and repairs made – explain deficiencies (use a separate piece of paper, if necessary)

The above inspection and tests were performed in compliance with ASME A17.1 Section 8.6. I certify that the information on this form is true and accurate to the best of my knowledge.

Company performing test	Mechanic performing test name	Phone Number	
Test witness by inspector name	QEI provider	QEI Number	
Mechanic signature	Date	Test witness signature	Date