



Colorado Department of Labor and Employment
 Division of Oil and Public Safety - Conveyance Program
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Hydraulic Elevator Safety Test and Inspector Witness Report

(Revised 8/24/2018)

General Information

Building Name:		Manufacturer:		OPS Conveyance #:		CP-	
Address:		City:		ZIP:		Local Conveyance ID #:	
Responsible Party Name:			Phone:			Email:	
Install Date:		Stops:		Capacity: lbs		Job/Contract #:	
Rated Speed: fpm		Duty: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight		Freight Class:		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3	
Test Date:		Test Type: <input type="checkbox"/> Acceptance & Witness Inspection <input type="checkbox"/> Category 1 <input type="checkbox"/> 5-year & Witness Inspection					
Inspector Present?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Inspector Signs Report</i>					

Testing and Inspection Components

^{TCO} = TCO in lieu of shutdown can be recommended (Category 1 & 5-year tests or inspection; NOT allowed at acceptance)

Relief Valve		Doors	
OK N/A	OK N/A	OK N/A	OK N/A
<input type="checkbox"/> Working Pressure - No Load	<input type="checkbox"/> Relief Valve Set ($\leq 150\%$ of WP)	<input type="checkbox"/> Closing force (max 30) ^{TCO}	<input type="checkbox"/> Guides (gibs)
Acceptance only:	<input type="checkbox"/> Valve adjustment needed	<input type="checkbox"/> Elec edge/safety edge	<input type="checkbox"/> Retainers ^{TCO}
<input type="checkbox"/> Working Pressure - Load	<input type="checkbox"/> Valve adjustment sealed	<input type="checkbox"/> Interlocks - gate switches	<input type="checkbox"/> Restrictors ^{TCO}
<input type="checkbox"/> Plunger Gripper	<input type="checkbox"/> Over-Speed Valve		

Power-Down Static Test		Emergency Operations	
Time Started:	Time Ended:	<input type="checkbox"/> Phase I Recall ^{TCO}	<input type="checkbox"/> Phase II Operation ^{TCO}
Elapsed Time: minutes		<input type="checkbox"/> Signage - Phase I and II	<input type="checkbox"/> Alarm Bell
Change in Car position? Distance: inches		<input type="checkbox"/> 2-way communication ^{TCO}	<input type="checkbox"/> Emergency Lights
		<input type="checkbox"/> Standby/E-Power (100% rated load - acceptance only)	

Safety Devices		Other Items	
<input type="checkbox"/> Stop Switches: car-pit-cartop-MR-control space	<input type="checkbox"/> Low-oil pressure switch	<input type="checkbox"/> Test tags installed	<input type="checkbox"/> Keys available ^{TCO}
<input type="checkbox"/> Escape hatch contact	<input type="checkbox"/> Low-oil protection	<input type="checkbox"/> MCP complete ^{TCO}	<input type="checkbox"/> Maint. logs updated
<input type="checkbox"/> E-limits - terminal stop	<input type="checkbox"/> Re-level during man lowering	<input type="checkbox"/> Proper fuses used	<input type="checkbox"/> Wire connections tight
<input type="checkbox"/> Dir & final limits: up & down		<input type="checkbox"/> MR-cartop-controller clean	<input type="checkbox"/> Jumpers removed

Inspector's Violation Description and/or Mechanic's Test Result Comment	Shut-Down	TCO (60 days)	Correction Date (Inspector only)
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Certifications

By signing below, I certify that all statements are true to the best of my knowledge and that all testing and test witnessing was performed according to current Conveyance Regulations and the appropriate edition of ASME A17.1 Sections 8.6, 8.10 and 8.11.

Mechanic Name:		Contractor Company Name:	
Mechanic Signature:		Date:	State License #:
Inspector Name:		Inspection Company Name:	
Inspector Signature:		Date:	State License #: