



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Conveyance Program
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Roped Hydraulic Elevator Safety Test Report

(Revised 9/11/2014)

General Information

Building Name:		Manufacturer:		OPS Conveyance #:	CP-
Address:		City:		ZIP:	
Install Date:		Stops:		Capacity:	lbs
Test Date:		Rated Speed:	fpm	Inspector Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, inspector signs report.</i>
Test Type:	<input type="checkbox"/> Acceptance <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 5 Witnessed	Duty:	<input type="checkbox"/> Passenger <input type="checkbox"/> Freight	Freight Class:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Relief Valve

Piston Diameter:		in	No-Load Working Pressure:		psi	Full Load Working Pressure:		psi
Relief Valve Setting (<i>set at 150% or less of working pressure</i>):		psi	Adjustment Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adjustment Sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Safeties/Governor

Mechanical and Visual Check of Governor Operation:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Governor Tripping Speed:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Speed at which Governor Tripped:		fpm	Car Safeties (Rated Load):	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Slack Rope Switch:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Overspeed Valve Operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Power Down Static Tests

Time Started:		Time Ended:		Elapsed Time:		min
Proper Fuses Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Connections Tight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Controller Clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Relay(s) Visually Inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Change in Car Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, By What Distance?</i>		in
Oil Loss Accounted For?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If any oil loss cannot be accounted for, the elevator must be removed from service and the Authority Having Jurisdiction must be notified.</i>				

Safety Devices

Stop Switches

<i>In Car:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<i>Pit:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<i>Top of Car:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Directional Limits			Final Limits		
<i>Up:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<i>Down:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<i>Up:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<i>Low Oil Protection:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<i>Escape Hatch Contact:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		
<i>Low Oil Pressure Switch:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<i>Re-level During Manual Lowering:</i>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		

Doors

Closing Force (max 30 lbf):		Safety Edge:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Door Guides Secure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Closing Time:		sec	Electronic Edge:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Door Interlocks/Gate Switch/Door Restriction:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Emergency Operations

Phase I Recall:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Phase I Fire Service Instruction Signage in Place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Phase II Operation:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Phase II Fire Service Instruction Signage in Place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Emergency Communication:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Alarm Bell:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
		Emergency Lights:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Standby/Emergency Power Operation:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<i>125% of rated load is not required.</i>	

Other Items

Jumpers Removed?	<input type="checkbox"/> Yes	Logs Properly Maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Test Tag Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All Test Requirements:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <i>Pass may only be checked if all items on this test form meet the adopted code requirements.</i>				

Certifications

By signing below, I certify that all statements are true to the best of my knowledge and that all testing was performed according to current adopted codes.

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