



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Conveyance Program
 633 17th Street, Suite 500
 Denver, CO 80202-3610

Phone: 303-319-5834
 Fax: 303-318-8534
 Email: cdle_conveyance@state.co.us
 Web: ops.colorado.gov

Hydraulic Elevator Oil Log

(Revised 08/12/2022)

For hydraulic elevator systems where part of the cylinder or piping is not exposed for visible inspection, a written record must be kept that indicates the quantity of hydraulic fluid added to the system and emptied from leakage collection containers and pans. This written record is a component of the Maintenance Control Program and must be kept in the machine room or electronically and must be viewable by elevator personnel upon request. When the quantity of hydraulic fluid loss cannot be accounted for, the oil leakage test specified in ASME A17.1-2013, Sections 8.6.5.14.1 (Relief Valve Verification and System Pressure Test) and 8.6.5.14.2 (Hydraulic Cylinders and Pressure Piping) shall be performed.

Note: A total capacity of 5 gallons of oil collection is permitted in the pit area.

Facility Information

Facility Address:	Street:				ZIP:	
	City:		County:			
State ID #:	CP-		Other Elevator ID #:		Year:	

Oil Log

Month	Amount of Oil Added to Tank	Oil Level in Tank (+/- in relation to designated mark in tank)	Oil Loss or Visual Leakage?	Initials
January	gal	in	<input type="checkbox"/> No <input type="checkbox"/> Yes	
February	gal	in	<input type="checkbox"/> No <input type="checkbox"/> Yes	
March	gal	in	<input type="checkbox"/> No <input type="checkbox"/> Yes	
April	gal	in	<input type="checkbox"/> No <input type="checkbox"/> Yes	
May	gal	in	<input type="checkbox"/> No <input type="checkbox"/> Yes	
June	gal	in	<input type="checkbox"/> No <input type="checkbox"/> Yes	
July	gal	in	<input type="checkbox"/> No <input type="checkbox"/> Yes	
August	gal	in	<input type="checkbox"/> No <input type="checkbox"/> Yes	
September	gal	in	<input type="checkbox"/> No <input type="checkbox"/> Yes	
October	gal	in	<input type="checkbox"/> No <input type="checkbox"/> Yes	
November	gal	in	<input type="checkbox"/> No <input type="checkbox"/> Yes	
December	gal	in	<input type="checkbox"/> No <input type="checkbox"/> Yes	