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# Platform Lift Safety Test Report

(Revised 12/22/2020)

## General Information

Building Name:				Manufacturer:			OPS Conveyance #:	CP-
Address:				City:		ZIP:	Local ID #:	
Install Date:		Stops:		Capacity:		lbs	Job/Contract #:	
Test Date:		Lift Type:	<input type="checkbox"/> Vertical <input type="checkbox"/> Inclined <input type="checkbox"/> Other:				Rated Speed:	fpm
Test Type:	<i>Indoor:</i> <input type="checkbox"/> 5-Year Witnessed Test				<i>Outdoor:</i> <input type="checkbox"/> 3-Year Test <input type="checkbox"/> 6-Year Witnessed Test			
Safety Type:	<input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Drum <input type="checkbox"/> Safety Nut <input type="checkbox"/> Other:							
Driving Means:	<input type="checkbox"/> Winding Drum		<input type="checkbox"/> Chained Sprocket		<input type="checkbox"/> Roped Sprocket		<input type="checkbox"/> Traction	
	<input type="checkbox"/> Direct Plunger Hydraulic		<input type="checkbox"/> Roped Hydraulic		<input type="checkbox"/> Level Hydraulic		<input type="checkbox"/> Friction	
Inspector Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Inspector Signs Report</i>							

## Tested Components

Regardless of the installation date of the platform lift, the items below must be tested and meet ASME A18.1 requirements.

Component	A18.1 Section	Test Result
Hydraulic Cylinders – <i>Cylinders not Exposed must be Tested</i>	10.3.1.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Safeties – <i>Type A and B Safeties are Tested with No Load</i>	10.3.1.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Governors – <i>If Screw-Drive, Safety Nut must be Tested</i>	10.3.1.3	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Normal Stopping Devices ( <i>Acceptance Test Only</i> )	10.3.1.5	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Terminal Stopping Devices ( <i>Upper and Lower; Acceptance Test Only</i> )	10.3.1.5	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Broken Rope, Tape or Chain Switch – <i>The Switch that Senses Failure of the Connection</i>	10.3.1.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Slack-Rope Devices on Winding Drum Machines	10.3.1.7	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Braking System – <i>Test With 125% of Rated Load (Capacity)</i>	10.3.3.3	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ropes and Fastenings	10.3.3.4	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Rated Speed in Up Direction	10.4.8	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Rated Speed in Down Direction	10.4.8	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Door Interlocks/Gate Switches	2.1.1.4	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Emergency Stop Switch	2.10.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Emergency Signals	2.11	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

## Other Items

Test Tags Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Logs Updated with this Event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>All Test Requirements:</b>	<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 the current adopted codes.

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