

Hydraulic Elevator Test

| State # | Location: | |
|---|---|----------------|
| Date: | Serial: | Pass Fail Item |
| Pressure Relief 8.6.5.14.1 | No Load psi _____ Working psi _____ Relief psi _____ | 2.31.2 |
| Duration Test 8.6.5.14.2 | Car Movement in, _____ Leakage: _____ | 2.36.2.2 |
| Terminal Speed Reducing Device 8.6.5.14.3 | Device Function: _____ | 3.5.2 |
| Normal Terminal 8.6.5.14.3 | Top Function: _____ Bottom Function: _____ | 3.5.2 |
| Firefighter Emergency Operation 8.6.4.14.3 Initiating Devices | Phase 1 Response _____ Phase II Response _____ Designated Response _____ Alternate Response _____ | 6.1 thru 6.5 |
| Standby Power 8.6.4.14.3 | Switch Function: _____ Car Response _____ Communication _____ | 1.17.2.1 |
| Door Closing Force 8.6.14.6 | Front lbs. _____ Rear lbs. _____ Speed Sec. _____ | 1.8.1 |
| Low Oil Protection 8.6.5.14.3 | Run Time Sec. _____ Response _____ | 2.39.2 |
| Flexible Hose 8.6.5.14.4 | Tag Test Date: _____ Leakage _____ | 2.34 |
| Pressure Switch 8.6.5.14.5 | Device Function: _____ | 2.37 |
| Car light 8.11.3.1.1 | Auxiliary Power: _____ Illumination: _____ | 1.5 |
| Sign Posted 8.11.3.1.1 | Code Data _____ In-case of fire signage _____ Destination Sign Braille _____ Disconnects Drive Labeled _____ Car light _____ | 1.15 |
| Emergency Signaling 8.11.2.1.1 | Alarm: _____ Communication: _____ Failure Device: _____ | 1.6 |
| Anticreep 3.26.3.1 | Function: _____ | 2.32.1.2(b) |
| Over Speed Valve 8.6.5.16.1 | Trip Speed _____ Sealed _____ | 5.15.2 |
| Standby Power 8.10.3.2.1(q)(1) | Switch Function: _____ Car Response _____ Phone _____ | 1.17 |
| Auxiliary Power 8.10.3.2.1(q)(2) | Device Function: _____ | 2.44.2 |
| Restricted Door Opening 8.10.3.2(r) | Device Function: _____ | 1.18 |
| Car Runby/ Refuge 8.10.3.2.1 | Top in. _____ Bottom in. _____ Top Refuge in. _____ Bottom Refuge in _____ | 3.4/5.2 |
| Car Speed 8.10.3.2.3(cc) | Up Loaded _____ Down Loaded _____ Up Empty _____ Down Empty _____ | 3.30 |
| Recycle Operation 8.10.3.2.2(bb) | Speed _____ Releveling Measurement _____ | 3.26.7 |
| Additional Devices | | |
| Sprinkler Location | Pit Y / N Hoistway Y / N Machine room Y / N | |

I certify that above tests were performed in my presence and in accordance with the requirements of ASME 17.1 and Oklahoma Elevator Safety Act.

Contractor _____ Lic.# _____ Expires _____

Technician's #1 Name: _____ Lic.# _____ Expires _____

#2 Name: _____ Lic.# _____ Expires _____

Witness Inspector: _____ Lic.# _____ Expires _____

CEI # _____ Expires _____

Code: Category 1 **Category 5** Acceptance