

# Chairlift Test

<b>State #</b>	<b>Location:</b>	
<b>Date:</b>	<b>Serial:</b>	<b>Pass    Fail</b>
	_____	
	_____	
Normal and Terminal Stopping Devices 10.3.1.5	Top Term Function: _____ Bottom Term Function: _____	
Safeties 10.3.1.2.2/ 10.3.1.2.1/A	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
<i>Headroom</i>	<i>Clearance:</i> _____	
<i>Lighting (threshold/during operation 5fc)</i>	<i>illumination:</i> _____	
<i>Obstruction Device</i>	<i>Foundation:</i> _____	
<i>Inclination</i>	<i>Degree:</i> _____	
<i>Additional Devices</i>		

I certify that above tests were performed in my presence and in accordance with the requirements of AMSI 18.1 and Oklahoma Elevator Safety Act.

Contractor \_\_\_\_\_ Lic.# \_\_\_\_\_ Expires \_\_\_\_\_

Technician's #1 Name: \_\_\_\_\_ Lic.# \_\_\_\_\_ Expi \_\_\_\_\_

Witness Inspector: \_\_\_\_\_ Lic.# \_\_\_\_\_ Expires \_\_\_\_\_

CEI # \_\_\_\_\_ Expires \_\_\_\_\_