

State of Ohio

"Annual" Elevator Safety Test Form

Contract#: _____

Mail this form to: State of Ohio, Department of Commerce Elevator Inspection Section
6606 Tussing Road • P.O. Box 4009 Reynoldsburg, OH 43068-9009

State ID#: 26577

Machine#: 602296

Original test form must be filed within 5 days of the test

Location: Portsmouth Plant Address: North 23
 City: Pikeston Zip: 45661 County: Pike County
 Date of the last five-year full load test _____ (other than Direct Hydraulic) Valve Serial # _____ Owner ID#: _____

Annual safety test are required to be filed as outlined in ASME A17.1 part 8, and Ohio Revised Code Section 4105. This test is required in addition to the field inspections by the State of Ohio. State Inspectors do not perform safety test. File an original completed safety test form (NO FAXES) at the above address within 5 days following the completion of the test. Additional explanations of each test component can be found in the ASME A17.2 Inspector's Manual. Annual test of Type A, B, C safeties are to be conducted without weight on the platform and at reduced speed. Hydraulic relief valve test are to be conducted by engaging the stop ring. Roped hydraulic elevators require both relief valve and safety test. Roped-hydraulics are to have the five-year safety test and the relief test performed. Hydraulic plunger grippers and low oil devices are required to be tested.

Type of Unit: (Circle one) <input checked="" type="radio"/> Passenger <input type="radio"/> Freight <input type="radio"/> Sidewalk Freight <input type="radio"/> Escalator <input type="radio"/> Moving Walk <input type="radio"/> Dumbwaiter <input type="radio"/> Special Service <input type="radio"/> Chair Lift <input type="radio"/> Vertical Wheel Chair Lift <input type="radio"/> LULA <input type="radio"/> Stage <input type="radio"/> Lift Other type not listed: _____		Type of Driving Machine: (Circle One) <input type="radio"/> Traction Dru <input type="radio"/> m <input checked="" type="radio"/> Direct Hydraulic <input type="radio"/> Rope Hydraulic <input type="radio"/> Rack & Pinion <input type="radio"/> Belt <input type="radio"/> Chain & Sprocket <input type="radio"/> Screw Other type not listed: _____		Capacity (lbs): <u>4000</u> Total Travel (ft): <u>20</u> Rated Speed fpm: <u>150</u> Total number of floors served: <u>2</u> What type of safety device does this unit have? (Circle all that apply) <input type="radio"/> Type A <input type="radio"/> Type B <input type="radio"/> Type C <input type="radio"/> Broken Rope <input checked="" type="radio"/> Relief Valve NOTE: A relief valve and a test of the safeties are required for roped hydraulic units. What type of safety device does this unit have? <input type="radio"/> Fly-ball <input type="radio"/> Centrifugal Other (specify) _____	
What type of Guide Rails? (Circle One) <input type="radio"/> Steel <input type="radio"/> Wood					

Yes	NO	N/A	Complete this section for the Annual Test for Governors and Safeties
			Have the car safeties been visually inspected and operated? Comments: _____
			Has the counterweight safeties been visually inspected and operated? Comments: _____
			Has the car governor been visually inspected and operated? Comments: _____
			Has the counterweight governor been visually inspected and operated? Comments: _____
			Was the governor tripped by hand to set the safeties? Comments: _____
			Have the car and counterweight oil buffers been tested by full compressing the buffer? Comments: _____
			If the unit does not have a governor, was the safety and slack rope device activated by obtain the necessary slack rope?

Yes	NO	N/A	Complete this section for the Annual Test for Hydraulic Units
			Amount of cable leaving the safety drum for type B safeties _____ Inches _____ Numbers of Turn left on the drum? _____
			Has the control valve or hydraulic unit been changed since the last safety test? Comments: _____
	<input checked="" type="checkbox"/>		Is the full load working pressure posted in the machine room? <u>Yes</u> What is the full load working pressure? (PSI) <u>385</u>
	<input checked="" type="checkbox"/>		Did you engage the stop ring when testing the relief pressure? <u>Yes</u> What was the relief bypass pressure? (PSI) <u>500</u>
		<input checked="" type="checkbox"/>	Was there any change in car position that cannot be accounted for by visible leakage or temperature change during the test?
		<input checked="" type="checkbox"/>	Have the flexible hoses and fittings been tested for at least 30 seconds at the relief valve settings?
		<input checked="" type="checkbox"/>	Has the pressure switch and related circuits been tested for operation? What is the pressure switch setting? (PSI) _____
		<input checked="" type="checkbox"/>	Did the low oil switch function properly?
		<input checked="" type="checkbox"/>	If provided, did the "plunger gripper" safety device function properly? What is the serial number on the valve? _____

Yes	NO	N/A	Complete this section for all safety devices
	<input checked="" type="checkbox"/>		Were the normal and terminal electrical stopping devices tested? Comments: _____
		<input checked="" type="checkbox"/>	Where provided, was the firefighter's service inspected and tested? Comments: _____
		<input checked="" type="checkbox"/>	Where provided, was the standby emergency power inspected and tested? Comments: _____
		<input checked="" type="checkbox"/>	Where provided, was the broken rope, tape, or chain switches tested? Comments: _____
		<input checked="" type="checkbox"/>	Where provided, were the closing forces of power operated hoistway door systems operated and tested? Comments: _____

DID THE UNIT PASS ALL TESTING REQUIREMENTS PRIOR TO BEING RETURNED TO SERVICE?*
 *If "NO" a written statement as to why the unit failed must be filed with this office ASAP. THE UNIT MAY NOT RETURN TO SERVICE IF ANY SAFETY DEVICE FAILED.

Company Conducting the Test Otis Elevator Company
 Address 2463 Crowne Point Drive
 City Sharonville Phone 513-531-7888
 Person Conducting Test Eric Hummel / Don Green (print)
 Signature Eric Hummel Date 10/23/12