



**Construction Code Services**  
 250 South 4<sup>th</sup> Street, Rm. 300  
 Minneapolis, MN 55415  
 Phone: 612-673-3000 Fax: 612-673-5974

## Periodic Hydraulic Elevator Tests

Elevator License #	Submitted Date	Elevator Contractor License #
Building Name		Building Contact
Address		City

<b>TEST TYPE</b>	<b>8.10.3 ACCEPTANCE</b>	<b>8.6.5.14 CATEGORY 1</b> <input type="radio"/>	<b>8.6.5.16 CATEGORY 5</b> <input type="radio"/>
<b>UNIT TYPE</b>	<b>Passenger</b> <input type="radio"/>	<b>Freight</b> <input type="radio"/>	<b>Roped</b> <input type="radio"/>
<b>Other:</b> <input type="radio"/> _____			

Frequency			Description	Result	Mech. Initial	Date
<b>A</b>	<b>5</b>	<b>1</b>	<b>A = Acceptance – 5 = 5yrs – 1 = 1yr * Include annual test</b>			
X	*	X	No Load pressure	NL		
X			Full Load	FL		
	*	X	Calculated Load factors - Piston Diameter Capacity	Calc. FL		
X	*	X	Relief Valve Pressure	PR		
X	*	X	Cylinder and piping – Leak Test - Movement 15 Min.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	*	X	Normal & Final terminal stopping devices: Examine and test for operation.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	*	X	Oil Buffers	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	*	X	Firefighters' Emergency Operation	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	*	X	Standby EP operation – annual; Battery Lowering - acceptance	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	*	X	ETSLD and ETSD test	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	*	X	Low oil protection – test for proper operation	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	*	X	SIL and EPD Devices	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	*	X	Flexible Hose and Fitting Assemblies	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	*	X	Pressure Switch	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	*	X	Door code zone <span style="color: red;">speed</span> and Door Closing force	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	*	X	Slack rope device. Test for operation.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	*	X	Governors: operate manually – visual inspection verify parts operate freely	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A		
X	X		Gov. Trip Speed	Gov. Pull Through force	Safety Pull out force	<input type="checkbox"/> N/A
X	X		Safeties:			<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
X	X		Car Slide	Counterweight Slide		<input type="checkbox"/> N/A
X	X		Coated Rope Inspection			<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
X	X		Wire Rope Fastening Inspection (Roped Hydro)			<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
X	X		Plunger gripper examine and test			<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
X	X		Over-speed Valve			<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
X	X		Class C2 Freight Elevators *See Clarification Notes			<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A

### COMMON VIOLATIONS

8.6.1.2.1(d)	Access provided for Inspector and Mechanic for MCP and Records?	<input type="checkbox"/> Y <input type="checkbox"/> N	
8.6.1.7.2	Test tag securely attached to controller?	<input type="checkbox"/> Y <input type="checkbox"/> N	
8.9.1	Code Data Tags present and up to date	<input type="checkbox"/> Y <input type="checkbox"/> N	
8.11.3.1.1(e)	Car lighting – Test back up with power off (not test button)	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	
8.11.3.1.1(f)	Emergency Com. Phone\Alarm Bell– tested with normal power off	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	
8.11.3.1.1(r)	Restriction of door open: = or < than 4" outside of the unlocking zone.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	

This form is designed to allow the user to identify when a required test was completed within the identified timeline, and the licensed individual (mechanic) performing the test. Category tests are to be completed as identified. Complete the form, and submit a copy annually to the City of Minneapolis. Any results identified as "Failed" shall be addressed immediately with the owner. **Licensed elevator contractors shall not leave any elevator in service if an unsafe condition exists as a result of these or any other tests. The tests were performed in compliance with A17.1 using A17.2 as a guide.**

Master Name and License #:	SIGNATURE	Date:
Acceptance tests Signed by Inspector	SIGNATURE	Date: