

Vertical & Incline Lifts / Registration #: \_\_\_\_\_

Periodic Test and Inspection Requirements 10.2.2 A18.1

Code Year in Effect at time of Installation A17.1 / A18.1 \_\_\_\_\_

Site Name: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

Site Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

10.2.2 Routine and Periodic Inspection	P/F/NA	Key P=Pass F=Fail NA= Not Applicable	P/F/NA	Other Information
<b>(a) Inside Platform Inspections</b>		(14) Door and Gate Equipment		
(1) Stop Switches		(15) Platform Frame		Rated Capacity: _____
(2) Operating Control Devices		(16) Guide Rails Fastening and Equipment		Rated Speed: _____
(3) Floor and Landing Sill		(17) Governor Rope		
(4) Lighting		(18) Governor Releasing Carrier		<b>Type of Lift:</b> Vertical _____
(5) Emergency Signal		(19) Wire Rope Fastening and Hitch Plate		Inclined Lift _____
(6) Door or Gate		(20) Suspension Rope		Stairway Chair Lift _____
(7) Enclosure		(21) Compensation Ropes and Chains		
(8) Floor				<b>Type of Mechanism:</b>
(9) Signs and Operating Device Symbols		<b>(d) Outside Runway Inspection</b>		Screw _____ R&P _____
(10) Rated load, Platform Floor Area, and Data Plate				Hydraulic Plunger _____ Drum _____
(11) Ride		(1) Runway Doors		Roped Hydraulic _____ Traction _____
<b>(b) Machine Inspections</b>		(2) Runway Door Locking Devices		
(1) Enclosure of Machine Space		(3) Runway Enclosure		Hoist Rope Construction: _____
(2) Guarding of Exposed Auxiliary Equipment				Chain Construction: _____
(3) Overhead Beam and Fastenings		<b>10.3.1 One Year Inspection and Test Requirements</b>		
(4) Drive-Machine Brake				<b>Type of Test:</b>
(5) Traction Drive Machines		10.3.1.1 Cylinder		Safety _____
(6) Gears and Bearings		10.3.1.2 Operating Condition of Platform Safeties		Governor _____
(7) Winding Drum Machine		10.3.1.2.2(a) Type A, B, or C Governor-Operated Safeties		Relief Valve _____
(8) Belt-or Chain-Drive Machine		10.3.1.2.2(b) Governor-Operated Wood Guide-Rail Safeties		Brake _____
(9) Traction Sheaves		10.3.1.2.2(c) Type A and Wood Guide Rail Safeties Without Governors		<b>Type of Safety:</b>
(10) Secondary and Deflector Sheaves		10.3.1.1.3 Governors		Type A (Instantaneous) Safeties _____
(11) Rope Fastenings		10.3.1.4 Slack-Rope Devices on Winding Drum Machines		Broken Rope/Chain _____
(12) Slack-Rope Devices		10.3.1.5 Normal and Final Terminal Stopping Devices		Slack Rope Switch _____
(13) Governor, Overspeed Switch, and Seal		10.3.1.6 Broken Rope, Tape, or Chain Switch		
(14) Platform Safeties		10.3.1.7 Slack-Rope Devices on Rope Hydraulic Machines		Valve Sealed Y _____ N _____
(15) Hydraulic Power Unit				
(16) Control Valve		<b>10.3.2 Three-Year Inspection and Test requirements</b>		<b>Hydraulic Pressures:</b>
(17) Hydraulic Cylinders		10.3.2.1 Unexposed Portions of Pistons		Working Pressure _____
<b>(c) Inside Runway Inspections</b>				Empty Pressure _____
(1) Platform, Overhead, and Deflector Sheave		<b>10.3.3 Five-Year Inspection and Test Requirements</b>		Static Pressure _____
(2) Normal Terminal Stopping Devices		10.3.3.1 Platform Safeties A, B and C Safeties Except those Operating on Wood Guide Rails		Relief Pressure _____
(3) Final Terminal Stopping Devices		10.3.3.1(a) Type B Safeties		
(4) Broken Rope, Chain, or Tape Switch		10.3.3.1(b) For Type A Safeties and Type A Safety Parts of Type C Safeties		
(5) Counterweight		10.3.3.2 Governors		
(6) Head Room		10.3.3.2.1 Not Required for Incline Platform Lifts and Incline		
(7) Slack-Rope Devices		Stairway Chairlifts with Type A Nonadjustable Safeties (2017 ONLY)		
(8) Traveling Sheaves		10.3.3.2.2 Governor Rope Pull-Through Force		
(9) Platform Safeties and Guiding Members		10.3.3.2.3 Metal Tag Shall be Attached		
(10) Runway Construction		10.3.3.3 Brake Test with 125% of Rated Load		
(11) Pipes, Wiring, and Ducts		10.3.3.4 Ropes Used on Roped-Hydraulic Lifts		
(12) Runway Clearances		10.3.3.5 Fastenings		
(13) Traveling Cables and Junction Boxes				

Name of Testing Company: \_\_\_\_\_ Date: \_\_\_\_\_

Mechanic Signature: \_\_\_\_\_ License #: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ QEI #: \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_