



PERIODIC TEST REQUIREMENTS AND RESULTS – 2013 A17.1

ELECTRIC ELEVATOR

Alaska Elevator Number:	_____
Company Performing Testing:	_____
Date of Test:	_____
Type of Test:	_____
Type of Elevator:	_____
Elevator Capacity/Speed:	_____ Code Edition Inspected To: _____

ELECTRIC ELEVATORS – CATEGORY I

Code Section:		Pass – Fail – N/A
8.6.4.19.1	Oil Buffers	
8.6.4.19.2	Safeties	
8.6.4.19.3	Governors	
8.6.4.19.4	Slack Rope Device (winding drum)	
8.6.4.19.5	Normal and Final Terminal Stopping Devices	
8.6.4.19.6	Firefighter’s Emergency Operation	
8.6.4.19.7	Standby or Emergency Power Operation	
8.6.4.19.8	Power Operation of Door Systems	
8.6.4.19.9	Broken rope, Tape, or Chain Switch	
8.6.4.19.10	Proper Operation of E / E / PES	
8.6.4.19.11	Ascending Car Overspeed protection	
8.6.4.19.11	Unintended Car Movement	
8.6.4.19.12	Traction Loss Detection means	
8.6.4.19.13	Broken Suspension Member & Residual Detection Means	
8.6.4.19.14	Occupant Evacuation Operation	
8.6.4.19.15	Emergency Communication	
8.6.4.19.16	Means to Restrict Hoistway Car Door Opening	

ELECTRIC ELEVATORS – CATEGORY 5

Code Section:		Pass – Fail – N/A
8.6.4.20.1	Car & Counterweight Safeties	
	<i>Car Safety Type</i>	<i>Stopping Distance</i>
	<i>Cwt. Safety Type</i>	<i>Stopping Distance</i>
8.6.4.20.2	Governors	
	<i>Car Tripping Speed</i>	<i>Over speed Switch</i>
	<i>Car Governor Pull Through</i>	<i>Safety Rope Pullout</i>
	<i>Cwt. Tripping Speed</i>	<i>Over speed Switch</i>
	<i>Cwt Governor Pull-Through</i>	<i>Safety Rope Pullout</i>
8.6.4.20.3	Oil Buffers	
8.6.4.20.4	Braking System	
8.6.4.20.5	<i>Reserved for Future Use</i>	
8.6.4.20.6	Emergency Term Stopping & Speed Limit Dev.	
8.6.4.20.7	Power Opening of Doors	
8.6.4.20.8	Leveling Zone and Leveling Speed	
	<i>Leveling Zone Distance</i>	<i>Leveling Speed</i>
8.6.4.20.9	Inner Landing Zone	
8.6.4.20.10	Emergency Stopping Distance	
8.6.4.20.11	Emergency Brake	

This record MUST BE maintained in the machine room accessible to qualified elevator & inspection personnel. & This record MUST BE filled out complete, be filled out in ink, & include the complete date indicating month, day, & year of test and it shall be filled out to indicate what tests were not applicable for the device.