

Hydraulic Elevator Tests

Minnesota Dept. of Labor and Industry Elevator Safety Section 443 Lafayette Road North St. Paul, MN 55155-4341 Phone: 651-284-5071 Email: elevator.inspections.dli@state.mn.us	City\State Id	Submitted Date	Elevator Contractor License #
	Building Name		Building Contact
	Address		City

TEST TYPE:		ACCEPTANCE	5 YEAR (CAT5)	ANNUAL (CAT1)			
Frequency	Description			Result	Mech. Initial	Date	
A	5	1	Acceptance – 5yrs – 1yr				
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 speed 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. "Other Required Documentation" shall be checked minimally once a year. Complete the form, and submit a copy annually to the Department Of Labor and Industry. 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.**

Periodic tests signed By responsible Master of Contractor License:	SIGNATURE	Date:
Acceptance tests Signed by Inspector	SIGNATURE	Date: