

Stairway chairlift inspection checklist

Minnesota Department of Labor and Industry, Elevator Safety Section 443 Lafayette Road North St. Paul, MN 55155-4341 Phone: 651-284-5071		Permit #	Submitted Date	Installers License or Registration #				
		Owners Name		Installation Company Name				
		Address			City			
Media		Description			Result			Code Reference
Photo	Video	ACCEPTANCE – Offline Inspection Report			Pass	Fail	NA	
		Note: Videos are limited to 15 seconds each						
X		Installers License or unlicensed registration			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MN 326B.164 Subd. 13
X		Manufacture’s data tag and capacity plate			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 7.7.3 & 7.7.4
X		Code Data Tag and permit number			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 - 7.11
X		Power cord from the charger to the stairway chairlift rail			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 7.1.2
X		Power cord from the wall receptacle to charger			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 7.1.2
X		Track or rail mounting to step			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 7.2
	X	Footrest obstruction device, both up and down sides			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 7.6.3
	X	Chair truck safety device, both up and down (where provided)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 7.6.1/7.3.5
		Verify stop switch operation if applicable			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 10.2.2(a)(1)
		Verify seat swivel operation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 7.6/ 4.6
		Verify arm rest switch if applicable			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 7.6
		Verify top and bottom slowdown and stop			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 7.9
X		Backrest clearance to wall			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 10.2.2(c)(12)
X		Footrest clearance to nose of steps			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 7.6.4
		Verify operation of folding rail			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 10.2.2(c)(16)
	X	Passenger riding chair up to top or down to bottom slowdown and stop			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 7.9
		Verify proper operation of operating devices at all stations			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASME A18.1 – 7.10.1
X		Completed Offline Inspection Report Form with name and signature			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Licensed or Registered Unlicensed Installers shall not leave any elevator in service if an unsafe condition exists because of these or any other tests. This is a Stairway Chairlift Inspection Checklist is to be used only for residential installations. It is to be completed along with the indicated videos and pictures. Also complete the checkbox indicating pass, fail or not applicable for each item. Print name and sign form below. Verify the clarity of the pictures and videos before uploading. Upload using the VuSpex Go app.								
Installers Name (Print)		SIGNATURE					Date:	