

Test Report of Governors, Safety Devices, Oil Buffers, Relief Valves and Firefighter's Emergency Operation

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Elevator Safety Division
P.O. Box 30254, Lansing, MI 48909
517-241-9337

DO NOT SUBMIT WITHOUT STATE SERIAL NUMBER
STATE SERIAL NUMBER

Authority: 1967 PA 227
Completion: Mandatory
Penalty: \$50.00

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

**YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE ABOVE ADDRESS WITHIN 10 DAYS OF THE TEST IN ORDER TO RETAIN
AUTHORIZATION TO PERFORM THE TESTS, AS REQUIRED BY ASME A17.1, SECTIONS 8.10 AND 8.11 AND R 408.7007**

ELEVATOR LOCATION (BUILDING NAME)		LOCATION (ADDRESS)		CITY		ZIP CODE	
TYPE OF ELEVATOR BEING TESTED <input type="checkbox"/> PASSENGER <input type="checkbox"/> FREIGHT <input type="checkbox"/> OTHER _____		MACHINE TYPE <input type="checkbox"/> CABLE <input type="checkbox"/> DIRECT PLUNGER HYDRAULIC <input type="checkbox"/> ROPED HYDRAULIC		<input type="checkbox"/> HAND POWER <input type="checkbox"/> OTHER (SPECIFY) _____		TYPE OF SAFETY BEING TESTED <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
LOCATION OF SAFETY DEVICES <input type="checkbox"/> SAFETY PLANK <input type="checkbox"/> CROSSHEAD		<input type="checkbox"/> COUNTERWEIGHT <input type="checkbox"/> CYLINDER		GUIDE RAIL THICKNESS _____		DISTANCE BETWEEN RAIL GRIPPING FACES OF SAFETY PARTS _____	
<input type="checkbox"/> SAFETY PLANK <input type="checkbox"/> CROSSHEAD		<input type="checkbox"/> COUNTERWEIGHT <input type="checkbox"/> CYLINDER		TYPE AND NUMBER OF BUFFERS <input type="checkbox"/> CAR _____ <input type="checkbox"/> COUNTERWEIGHT _____		RATED SPEED _____ FPM	
REQUIRED GOVERNOR, BUFFER, CARRIER AND RELIEF VALVE SEALS AND TAGS AFFIXED IN ACCORDANCE WITH THE CODE				<input type="checkbox"/> YES <input type="checkbox"/> NO		CAPACITY _____ LBS	

SECTION 8.11.2.2 NO LOAD SAFETY TEST FOR GOVERNORS, SAFETIES AND OIL BUFFERS - REQUIRED EVERY 12 MONTHS

1.	CABLE LEAVING THE SAFETY DRUM _____ INCHES	GOVERNOR JAWS DROP OF OWN WEIGHT WHEN LATCH WAS RELEASED	<input type="checkbox"/> YES <input type="checkbox"/> NO
	TURNS REMAINING ON DRUM _____	ALL PARTS OF GOVERNOR AND SAFETY PERFORM THE FUNCTIONS FOR WHICH INTENDED	<input type="checkbox"/> YES <input type="checkbox"/> NO
		CAR AND COUNTERWEIGHT TESTED PER SECTION 8.11.2.2.1	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 8.11.2.3 RATED LOAD SAFETY TEST FOR GOVERNOR AND SAFETIES - REQUIRED EVERY 5 YEARS

2.	*SAFETY TESTED BY <input type="checkbox"/> OBTAINING SLACK IN HOIST CABLES <input type="checkbox"/> TRIPPING GOVERNOR AT RATED SPEED WITH RATED LOAD		CABLE LEAVING THE SAFETY DRUM _____ INCHES	TURNS REMAINING ON DRUM _____
	GOVERNOR TRIPPING SPEED TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		TRIPPING SPEED _____ FPM	GOVERNOR ROPE PULL-THROUGH FORCE _____ LBS
	CAR SLID _____ INCHES AFTER SAFETY APPLIED TO RAILS (AVERAGE OF ALL FOUR MARKS)		BRAKE TEST PERFORMED WITH _____ LBS IN CAR	
	*PLATFORM WAS OUT OF LEVEL _____ INCHES WITH SAFETY DEVICES SET		*TEST PERFORMED WITH _____ LBS (RATED LOAD) IN CAR	
	*ANY DAMAGE OCCUR BECAUSE OF THE SAFETY TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		*CAR AND COUNTERWEIGHTS BALANCED WITH _____ LBS IN CAR	
	OIL BUFFERS TESTED AT RATED SPEED AND COMPLY WITH SECTION 8.11.2.3.3 <input type="checkbox"/> YES <input type="checkbox"/> NO		DID ELEVATOR LOSE TRACTION WITH RATED LOAD IN CAR	
	STANDBY EMERGENCY POWER TEST PERFORMED TO CONFORM TO SECTION 8.11.2.3.5 <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	CAR SPEEDS EMPTY UP _____ FPM EMPTY DOWN _____ FPM RATED LOAD UP _____ FPM RATED LOAD DOWN _____ FPM			

*(ALSO APPLIES TO ONE MAN HAND POWERED ELEVATOR TESTS EVERY 12 MONTHS)

R 408.7060 HYDRAULIC RATED LOAD RELIEF VALVE TEST - REQUIRED EVERY 3 YEARS

3.	RELIEF VALVE BY-PASS PRESSURE _____ PSI	RATED LOAD WORKING PRESSURE _____ PSI	CYLINDER MONITORING <input type="checkbox"/> YES <input type="checkbox"/> NO	CAR SAFETIES TESTED WITH _____ LBS IN CAR	OVERTRAVEL MEASUREMENT _____
	CAR SPEEDS EMPTY UP _____ FPM EMPTY DOWN _____ FPM RATED LOAD UP _____ FPM RATED LOAD DOWN _____ FPM				
	WAS THERE ANY CHANGE IN THE CAR POSITION WHICH CANNOT BE ACCOUNTED FOR BY VISIBLE OIL LEAKAGE OR TEMPERATURE CHANGE DURING THE STANDING TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO				DURATION OF STANDING LOAD TEST _____

SECTIONS 8.11.2 / 8.11.3 OPERATION UNDER FIRE AND OTHER EMERGENCY CONDITIONS - REQUIRED EVERY 12 MONTHS

4.	FIREFIGHTERS' EMERGENCY OPERATION PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> PHASE I <input type="checkbox"/> PHASE II <input type="checkbox"/> NONE		FIRE ALARM INITIATING DEVICES (SMOKE DETECTORS) <input type="checkbox"/> YES <input type="checkbox"/> NO	
	FIREFIGHTERS' OPERATION FUNCTION PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> NO		STANDBY OR EMERGENCY POWER PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		STANDBY OR EMERGENCY POWER TEST PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO	
	CHANGES MADE SINCE LAST TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		CHANGES NECESSARY <input type="checkbox"/> YES <input type="checkbox"/> NO			

COMMENTS			
COMPANY CONDUCTING TEST	SIGNATURE OF JOURNEYPERSON	JOURNEYPERSON LICENSE NUMBER	DATE

**THIS AREA TO BE USED BY DEPARTMENT ONLY
SECTION 8.10 ACCEPTANCE TEST - FINAL INSPECTION**

INSPECTOR'S NAME	INSPECTOR NUMBER	DATE
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ELEVATOR LOCATION (BUILDING NAME)		LOCATION (ADDRESS)		CITY		ZIP CODE	
TYPE OF ELEVATOR BEING TESTED <input type="checkbox"/> PASSENGER <input type="checkbox"/> FREIGHT <input type="checkbox"/> OTHER _____		MACHINE TYPE <input type="checkbox"/> CABLE <input type="checkbox"/> DIRECT PLUNGER HYDRAULIC <input type="checkbox"/> ROPED HYDRAULIC		<input type="checkbox"/> HAND POWER <input type="checkbox"/> OTHER (SPECIFY) _____		TYPE OF SAFETY BEING TESTED <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
LOCATION OF SAFETY DEVICES <input type="checkbox"/> SAFETY PLANK <input type="checkbox"/> CROSSHEAD		GUIDE RAIL THICKNESS _____		DISTANCE BETWEEN RAIL GRIPPING FACES OF SAFETY PARTS _____		TYPE AND NUMBER OF BUFFERS <input type="checkbox"/> CAR _____ <input type="checkbox"/> COUNTERWEIGHT _____	
REQUIRED GOVERNOR, BUFFER, CARRIER AND RELIEF VALVE SEALS AND TAGS AFFIXED IN ACCORDANCE WITH THE CODE				<input type="checkbox"/> YES <input type="checkbox"/> NO		CAPACITY _____ LBS	
						RATED SPEED _____ FPM	

SECTION 8.11.2.2 NO LOAD SAFETY TEST FOR GOVERNORS, SAFETIES AND OIL BUFFERS - REQUIRED EVERY 12 MONTHS

1.	CABLE LEAVING THE SAFETY DRUM _____ INCHES	GOVERNOR JAWS DROP OF OWN WEIGHT WHEN LATCH WAS RELEASED	<input type="checkbox"/> YES <input type="checkbox"/> NO
	TURNS REMAINING ON DRUM _____	ALL PARTS OF GOVERNOR AND SAFETY PERFORM THE FUNCTIONS FOR WHICH INTENDED	<input type="checkbox"/> YES <input type="checkbox"/> NO
		CAR AND COUNTERWEIGHT TESTED PER SECTION 8.11.2.2.1	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 8.11.2.3 RATED LOAD SAFETY TEST FOR GOVERNOR AND SAFETIES - REQUIRED EVERY 5 YEARS

2.	*SAFETY TESTED BY <input type="checkbox"/> OBTAINING SLACK IN HOIST CABLES <input type="checkbox"/> TRIPPING GOVERNOR AT RATED SPEED WITH RATED LOAD		CABLE LEAVING THE SAFETY DRUM _____ INCHES	TURNS REMAINING ON DRUM _____
	GOVERNOR TRIPPING SPEED TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		TRIPPING SPEED _____ FPM	GOVERNOR ROPE PULL-THROUGH FORCE _____ LBS
	CAR SLID _____ INCHES AFTER SAFETY APPLIED TO RAILS (AVERAGE OF ALL FOUR MARKS)		BRAKE TEST PERFORMED WITH _____ LBS IN CAR	
	*PLATFORM WAS OUT OF LEVEL _____ INCHES WITH SAFETY DEVICES SET		*TEST PERFORMED WITH _____ LBS (RATED LOAD) IN CAR	
	*ANY DAMAGE OCCUR BECAUSE OF THE SAFETY TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		*CAR AND COUNTERWEIGHTS BALANCED WITH _____ LBS IN CAR	
	OIL BUFFERS TESTED AT RATED SPEED AND COMPLY WITH SECTION 8.11.2.3.3 <input type="checkbox"/> YES <input type="checkbox"/> NO		DID ELEVATOR LOSE TRACTION WITH RATED LOAD IN CAR	
	STANDBY EMERGENCY POWER TEST PERFORMED TO CONFORM TO SECTION 8.11.2.3.5 <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	CAR SPEEDS EMPTY UP _____ FPM EMPTY DOWN _____ FPM RATED LOAD UP _____ FPM RATED LOAD DOWN _____ FPM			
	*(ALSO APPLIES TO ONE MAN HAND POWERED ELEVATOR TESTS EVERY 12 MONTHS)			

R 408.7060 HYDRAULIC RATED LOAD RELIEF VALVE TEST - REQUIRED EVERY 3 YEARS

3.	RELIEF VALVE BY-PASS PRESSURE _____ PSI	RATED LOAD WORKING PRESSURE _____ PSI	CYLINDER MONITORING <input type="checkbox"/> YES <input type="checkbox"/> NO	CAR SAFETIES TESTED WITH _____ LBS IN CAR	OVERTRAVEL MEASUREMENT _____
	CAR SPEEDS EMPTY UP _____ FPM EMPTY DOWN _____ FPM RATED LOAD UP _____ FPM RATED LOAD DOWN _____ FPM				
	WAS THERE ANY CHANGE IN THE CAR POSITION WHICH CANNOT BE ACCOUNTED FOR BY VISIBLE OIL LEAKAGE OR TEMPERATURE CHANGE DURING THE STANDING TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO				DURATION OF STANDING LOAD TEST _____

SECTIONS 8.11.2 / 8.11.3 OPERATION UNDER FIRE AND OTHER EMERGENCY CONDITIONS - REQUIRED EVERY 12 MONTHS

4.	FIREFIGHTERS' EMERGENCY OPERATION PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> PHASE I <input type="checkbox"/> PHASE II <input type="checkbox"/> NONE		FIRE ALARM INITIATING DEVICES (SMOKE DETECTORS) <input type="checkbox"/> YES <input type="checkbox"/> NO	
	FIREFIGHTERS' OPERATION FUNCTION PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> NO		STANDBY OR EMERGENCY POWER PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		STANDBY OR EMERGENCY POWER TEST PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO	
	CHANGES MADE SINCE LAST TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		CHANGES NECESSARY <input type="checkbox"/> YES <input type="checkbox"/> NO			

COMMENTS			
COMPANY CONDUCTING TEST	SIGNATURE OF JOURNEYPERSON	JOURNEYPERSON LICENSE NUMBER	DATE

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TYPE OF ELEVATOR BEING TESTED <input type="checkbox"/> PASSENGER <input type="checkbox"/> FREIGHT <input type="checkbox"/> OTHER _____		MACHINE TYPE <input type="checkbox"/> CABLE <input type="checkbox"/> DIRECT PLUNGER HYDRAULIC <input type="checkbox"/> ROPED HYDRAULIC		<input type="checkbox"/> HAND POWER <input type="checkbox"/> OTHER (SPECIFY) _____		TYPE OF SAFETY BEING TESTED <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
LOCATION OF SAFETY DEVICES <input type="checkbox"/> SAFETY PLANK <input type="checkbox"/> CROSSHEAD		GUIDE RAIL THICKNESS _____		DISTANCE BETWEEN RAIL GRIPPING FACES OF SAFETY PARTS _____		TYPE AND NUMBER OF BUFFERS <input type="checkbox"/> CAR _____ <input type="checkbox"/> COUNTERWEIGHT _____	
REQUIRED GOVERNOR, BUFFER, CARRIER AND RELIEF VALVE SEALS AND TAGS AFFIXED IN ACCORDANCE WITH THE CODE		<input type="checkbox"/> YES <input type="checkbox"/> NO		CAPACITY _____ LBS		RATED SPEED _____ FPM	

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	CHANGES MADE SINCE LAST TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		CHANGES NECESSARY <input type="checkbox"/> YES <input type="checkbox"/> NO			

COMMENTS			
COMPANY CONDUCTING TEST	SIGNATURE OF JOURNEYPERSON	JOURNEYPERSON LICENSE NUMBER	DATE

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