

Test Report of Escalators and Moving Walks

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

STATE SERIAL NUMBER

Authority: 1967 PA 227
Completion: Mandatory
Penalty: \$50.00 (MCL408.821(1))

BCC-3402 (8/22)

**YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE ABOVE ADDRESS WITHIN 30 DAYS OF THE TEST IN ORDER TO RETAIN AUTHORIZATION
TO PERFORM THE TESTS AS REQUIRED BY ASME A17.1, SECTION 8.6.8.15 AND R 408.7007**

LOCATION NAME:	
LOCATION ADDRESS:	CITY: ZIP CODE:
SKIRT DEFLECTION DEVICES? () YES, () NO	RATED SPEED: FPM

SECTION 8.6.8.15 PERIODIC TEST REQUIREMENTS	NOTES/CODE COMPLIANT VALUES				
MACHINE SPACES - 8.6.8.15.1	T-	B-			
MACHINE SPACE STOP SWITCHES - 8.6.8.15.2	T-	B-			
CONTROLLER AND WIRING - 8.6.8.15.3					
DRIVE MACHINE AND BRAKE - 8.6.8.15.4					
SPEED GOVERNOR - 8.6.8.15.5					
BROKEN DRIVE-CHAIN DEVICE - 8.6.8.15.6	L-	R-			
REVERSAL STOP SWITCH - 8.6.8.15.7					
BROKEN STEP CHAIN DEVICES - 8.6.8.15.8	L-	R-			
STEP UPTHRUST DEVICES - 8.6.8.15.9	L-	R-			
MISSING STEP/PALLET DEVICE - 8.6.8.15.10	UPPER-		LOWER-		
STEP/PALLET LEVEL DEVICES - 8.6.8.15.11	TL-	TR-	BL-	BR-	
STEPS/PALLETS/CHAIN/TRUSS - 8.6.8.15.12					
HANDRAIL INLET DEVICES - 8.6.8.15.13	TL-	TR-	BL-	BR-	
HANDRAIL SPEED MONITORING - 8.6.8.15.13	L-	R-			
ESCALATOR HEATERS - 8.6.8.15.14					
PERMISSIBLE CHAIN STRETCH - 8.6.8.15.15					
DISCONNECTED MOTOR DEVICE - 8.6.8.15.16					
SMOKE DETECTORS - 8.6.8.15.17					
UPPER IMPACT DEVICES - 8.6.8.15.18	L-	R-	C-	V-	
BOTTOM IMPACT DEVICES - 8.6.8.15.18	L-	R-	C-	V-	
STEP/SKIRT PERFORMANCE INDEX - 8.6.8.15.19	LGAP	LCOF	RGAP	RCOF	
UPPER LEFT STEP/SKIRT CLEARANCES - 8.6.8.15.20	C-	12"-	24"-	36"-	48"-
UPPER RIGHT STEP/SKIRT CLEARANCES - 8.6.8.15.20	C-	12"-	24"-	36"-	48"-
LOWER LEFT STEP/SKIRT CLEARANCES - 8.6.8.15.20	C-	12"-	24"-	36"-	48"-
LOWER RIGHT STEP/SKIRT CLEARANCES - 8.6.8.15.20	C-	12"-	24"-	36"-	48"-
INSPECTION CONTROL DEVICES - 8.6.8.15.21	UPPER-	LOWER-			
LATERAL DISPLACEMENT DEVICE - 8.6.8.15.22	TL-	TR-	BL-	BR-	
SEISMIC RISK ZONES 2 OR GREATER - 8.6.8.15.23					

ALL FIELDS MUST BE MARKED P-PASS, F-FAIL, NA-IF DEVICE IS NOT PROVIDED OR TEST IS NOT DUE

DID THE UNIT PASS ALL TESTING REQUIREMENTS PRIOR TO BEING RETURNED TO SERVICE? () YES, () NO

TESTING EQUIPMENT CERTIFICATION DATE AND RESULTS FOUND ARE TO ACCOMPANY THIS TEST FORM

COMMENTS

TESTING CO.	SIGNATURE	LIC#	DATE