

## **Vermont Department of Public Safety**



Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team

## HYDRAULIC ELEVATOR PERIODIC TEST FORM

		Date:		VTEL#:		# Ctono	
-	ਕ	Building Name:	VIEL#.	VIEL#.		# Stops:	
	General	Address:	Class:□	s: Passenger Freight Materials			
(	<u>ق</u>	Owner:		Speed:		Capacity:	
*Has been tested in accordance with the current Vermont Elevator Safety Rules*						<b>'</b>	
And found to be:   In Compliance   NOT In Compliance							
Comments:							
5	Signed:			Date:			
Vermont License #: Employer:							
<u> </u>	HY[	DRAULIC ELEVATORS					
٧	Noı	rking Pressure:psi Relief Pressure:_	ps	i	☐ Sea	led	
	☐ No Load			☐ Full Loadlbs			
Reason for Test:							
Hydraulic Elevators – Periodic Test Requirements – Category 1							
Hydraulic Cylinders & Pressure Piping – Visual Examination or Leakage Te				□Pass		□Fail	
Norma	Normal Terminal Stopping Devices – Tested			□Pass		□Fail	
Firefig	Firefighters Emergency Operation – Test			□Phas	se I	☐Phase II	
Standl	Standby or Emergency Power ( Battery Lowering) – Test			□Pass		□Fail	
Power	Power Operation of Door System – Closing Forces and Speed (Front)				bs	sec	
Power	Power Operation of Door System – Closing Forces and Speed (Rear)			□Pass		□Fail	
Low O	Low Oil Protection – Test			□Pass		□Fail	
Pressi	Pressure Switch			□Pass		□Fail	
		Hydraulic Elevators – Periodic Test Rec	quirements	- Category 5			
Plunge	Plunger Gripper (where provided) – Test			□Pass		□Fail	
Overs	Overspeed Valves – Test – Full Load			□Pass		☐Fail	

<sup>\*</sup>This form MUST be complete, signed, dated and posted in the machine room to be valid\*