



PLATFORM LIFT / STAIRWAY CHAIR PERIODIC TEST FORM

VTEL: _____ Site ID #: _____
 Building Name: _____
 Street Address: _____
 City: _____
 Owner Name: _____ Owner Phone: _____
 # of Stops: _____
 Type: Hydraulic Traction Drum Screw Other:

Has been tested in accordance with the current Vermont Elevator Safety Rules, and found to be:

IN COMPLIANCE **NOT IN COMPLIANCE**

Comments: _____
 Signed: _____ VT License #: _____
 Printed Name: _____ Date: _____

HYDRAULIC LIFTS:

Working Pressure: _____ psi Relief Pressure: _____ psi
 No Load Full Load: _____ lbs Tagged and Sealed
 Reason for test: _____

Governor Calibration: _____ fpm Tagged and Sealed
 No Load Full Load: _____ lbs Contract Speed: _____ fpm
 Overspeed: _____ fpm Other: _____

10.3.1 - One Year Inspection and Test Requirements

10.3.1.1	Cylinders	Pass		Fail		N/A	
10.3.1.2	Safties	Pass		Fail		N/A	
10.3.1.3	Governors	Pass		Fail		N/A	
10.3.1.4	Slack - Rope devices on winding drum machine	Pass		Fail		N/A	
10.3.1.5	Normal and Final terminal stopping devices	Pass		Fail		N/A	
10.3.1.6	Broken rope, tape or chain switch	Pass		Fail		N/A	
10.3.1.7	Slacked Rope device	Pass		Fail		N/A	
	Proper Signage	Pass		Fail		N/A	
	Piping	Pass		Fail		N/A	

10.3.3 - Five Year Inspection and Test Requirements

10.3.3.1	Platform Safties	Pass		Fail		N/A	
10.3.3.2	Governors	Pass		Fail		N/A	
10.3.3.3	Brake	Pass		Fail		N/A	
10.3.3.4	Ropes	Pass		Fail		N/A	
10.3.3.5	Fastenings	Pass		Fail		N/A	

This form MUST be completed, signed, dated and posted in the machine room to be valid