



Vermont Department of Public Safety
DIVISION OF FIRE SAFETY



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

ELECTRIC ELEVATOR PERIODIC TEST FORM

General	Date:	VTEL#:	# Stops:
	Building Name:	Class: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight <input type="checkbox"/> Material	
	Address:	Type: <input type="checkbox"/> Traction <input type="checkbox"/> Drum	
	City:	Speed:	Capacity:
	Owner:		

Has been tested in accordance with the current Vermont Elevator Safety Rules

And found to be: **In Compliance** **NOT In Compliance**

Comments: _____

Signed: _____ Date: _____

Vermont License #: _____ Employer: _____

ELECTRIC ELEVATORS

Governor Calibration: _____ fpm Tagged and sealed Test done under the following conditions:

<input type="checkbox"/> No Load	<input type="checkbox"/> Full Load _____ lbs	Contract Speed _____ fpm	Overspeed _____ fpm
Other: _____			
Type B & C Safeties:	Slide: _____ inches	Reason for Test:	

Traction Elevators – Periodic Test Requirements – Category 1

Oil Buffers	<input type="checkbox"/> N/A	Plunger Return	_____ sec
Safeties – No Load inspection		Speed	_____ fpm
Governors – Operated Manually		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Slack Rope Device on Winding Drum Machines – Operated Manually		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Normal and Final Terminal Stopping Devices – Tested		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Firefighters Emergency Operation – Test	<input type="checkbox"/> N/A	<input type="checkbox"/> Phase I	<input type="checkbox"/> Phase II
Power Operation of Door System – Closing Forces and Speed		_____ lbs	_____ sec
Broken rope, Tape or chain switch – Tested	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Ascending Car Overspeed Protection and unintended car movement – Examined and Tested	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Traction Loss Detection Means – Spin Driver		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Machine Stop – Motion Switch – Tested	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Traction Elevators – Periodic Test Requirements – Category 5

Safeties – Full Load Rated Speed		_____ lbs	_____ fpm
Governors – Tripping Speeds and Pull Through		_____ lbs	_____ fpm
Oil Buffers Rated Load – Plunger Return	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Drive Machine Brake –Tested		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Emergency Terminal Stopping and Speed limiting Devices – Tested		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Leveling Zone and Leveling Speed – Check		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Emergency Stopping Distance – Stopping and Hold Load if Safety Circuit Interrupted		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Traction Loss – Spin Driver		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Machine Stop – Motion Switch – Tested	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

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