



Hydraulic Elevator Safety Test Form

Test form must be left within the on-site documents (MCP) and will be reviewed during the next state inspection. Test form must also be submitted within five days of the completion of the test to: elevators@com.ohio.gov or Fax.

Safety tests are required to be performed as outlined in ASME A17.2, A17.1 (part 8) and Ohio Revised Code Section 4105, including acceptance testing for new and altered equipment

Owner ID: State ID: Location: Address: City: Zip: County: Company Conducting Test: Person Conducting Test: Address: City: Zip: Signature: Phone: Email: Date:

Type of Unit (check one) Type of Drive (check one) Unit Details Elevator Make & Model: Valve SN# Type of Guide Rails: Wood or Steel Capacity: lbs Rated Speed: fpm Floors Serviced:

Type of test to be Performed (check all that apply) See ASME A17.2 & A17.1 (Part 8) for additional maintenance and test requirements.

Table with 2 columns: Test Name, Description. Rows include Annual Safety Test, 5-Year Load Test, Annual Hydraulic Relief Test.

Complete this section for Annual Safety Tests for Governors and Safeties on Roped Hydraulics

Table with columns: Question, PASS, FAIL, N/A, Type of safety: A, B, C, Slack Rope. Rows include safety inspection questions.

Complete this section and the above Annual Safety Test portion for a 5-Year Load Test on Roped Hydraulics

Table with columns: Question, PASS, FAIL, N/A, Value. Rows include load test questions and values like fpm, in.

Complete this section for a Hydraulic Relief Safety Test including Roped Hydraulics

Table with columns: Question, PASS, FAIL, N/A, Value. Rows include hydraulic relief test questions and values like psi, lbf, sec.

Complete this section for all Annuals, 5-year and Hydraulic Relief Safety test

Table with columns: Question, PASS, FAIL, N/A, Comments: YES, NO. Rows include emergency stop, leveling zone, and test tags questions.