



REPORT OF TESTS FOR REGULATED LIFTING DEVICES

State Form 34599 (R11 / 7-19)

DEPARTMENT OF HOMELAND SECURITY
 DIVISION OF FIRE AND BUILDING SAFETY
 DIVISION OF ELEVATOR AND AMUSEMENT SAFETY
 302 West Washington Street, Room E241
 Indianapolis, Indiana 46204
 Telephone: (317) 232-2670
 Fax: (317) 232-6609
 E-mail: rides@dhs.in.gov
 Website: www.in.gov/dhs/2625.htm



INSTRUCTIONS: File this form with the Division of Elevator Safety within fifteen (15) days after completion of test.

All tests are performed as per the applicable code of the regulated lifting device and not limited to the items recorded on this form.

State number

Name of user		Location of user		City and State		ZIP code	
Date test conducted (month, day, year)		Name of contractor			Contractor number		
Name of inspector			Inspector license number		Qualified elevator inspector (QEI) number		
Name of mechanic		Mechanic license number		Signature of mechanic		Date signed (month, day, year)	
Capacity	Rated speed	Date installed (month, day, year)	Code edition	Type of permit <input type="checkbox"/> Acceptance <input type="checkbox"/> Alteration <input type="checkbox"/> Construction <input type="checkbox"/> Temporary Permit			
Category <input type="checkbox"/> Category 1 / Annual <input type="checkbox"/> Category 5 / Five year <input type="checkbox"/> Category 3 <input type="checkbox"/> A 10.4 Periodic			Manufacturer of device				
Type of device <input type="checkbox"/> Passenger <input type="checkbox"/> Moving Walkway <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> Special Purpose Personnel Elevator <input type="checkbox"/> Stairway Lift <input type="checkbox"/> Construction <input type="checkbox"/> Vertical Platform Lift <input type="checkbox"/> Escalator <input type="checkbox"/> Machine Roomless <input type="checkbox"/> Freight <input type="checkbox"/> Limited Use Limited Access <input type="checkbox"/> Personnel Hoist <input type="checkbox"/> Belt Manlift <input type="checkbox"/> Inclined Chair Lift <input type="checkbox"/> Inclined Platform Lift							
Driving machine <input type="checkbox"/> Hydraulic <input type="checkbox"/> Traction <input type="checkbox"/> Roped hydraulic <input type="checkbox"/> Drum <input type="checkbox"/> Screw <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Other _____						Controls	
Type of buffer <input type="checkbox"/> Oil <input type="checkbox"/> Spring <input type="checkbox"/> Reduced Stroke <input type="checkbox"/> Solid <input type="checkbox"/> N/A		Buffer stroke		Materials of rails <input type="checkbox"/> Steel <input type="checkbox"/> Wood		Type of governor <input type="checkbox"/> Flyball <input type="checkbox"/> Centrifugal <input type="checkbox"/> N/A <input type="checkbox"/> Other _____	
Type of safety device <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> N/A <input type="checkbox"/> Other _____		Standby emergency power <input type="checkbox"/> Yes <input type="checkbox"/> No		Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shunt trip		Date of flex hose (month, day, year)	
Pit	Machine room		Hoistway		Shut-off valve		Cylinder monitor check
Bottom runby	Bottom refuge		Top runby		Top refuge		Nearest strike

I am an individual who is licensed as an elevator inspector by the State of Indiana under IC 22-15-5-11; I hereby attest under penalty that:

1. all of the above-referenced required tests have been completed by persons qualified to perform such services; and
2. the above-referenced regulated lifting device conforms to all applicable building, electrical, and equipment codes in effect at the time of installation or each alteration.

Signature			Date signed (month, day, year)		
Printed name		Certification number		Date of expiration (month, day, year)	

