

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
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Website: www.in.gov/dhs/2625.htm

State number



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 regulat	ed lift	ing device	and not l	imited t	o the iten	ns recorde	d on th	is form.						
Name of user				Location of user				Cit	City and State				ZIP code				
Date test conducted (<i>month, day, year</i>) Name of contractor									Contractor number								
Name of inspector					Inspector lic	cense numb	er					Qualifie	ed elevator	inspecto	r (QEI) nur	mber	
Name of mechanic			Mechanic licens	se num	ber		Signature	of mechar	nic						Date s	signed (<i>mor</i>	nth, day, year)
Capacity Rated speed			Date installed (mo		stalled (mon	onth, day, year) Code		ode edition	**		Type of pe		☐ Alte	eration	☐ Con	struction	☐ Temporary Permit
Category Category1 / Annual Cat	tegory 5 / Fi	ve yea	r 🗌 Catego	ory 3	☐ A 10.4	4 Periodic	N	lanufacture	r of device		•						
Type of device Passenger Moving Wall Escalator Machine Ro	-	☐ Dum			al Purpose ed Use Limi				tairway Lift ersonnel H		☐ Constr			ical Plat	tform Lift air Lift	☐ Incl	ined Platform Lift
<u> </u>	☐ Roped hy	draulio	: 🗌 Drum			☐ Rack &	Pinion	☐ Othe				Control	S				
, ,	ed Stroke	☐ Sc	olid 🗌 N/A		ffer stroke			Materials	s of rails teel	/ood	Type of go					Other _	
Type of safety device ABBCBN/ABOther				Standby emergency power Yes No			prinklers Yes			ınt trip	Date of flex hose (n		month, day	v, year)			
Pit	Machin	ne room				Hoistway				Shut-o	ff valve				Cylinder n	nonitor ched	ck
Bottom runby Bottom refuge				Top runby			Top refuge					Nearest strike					
	·				·												
I am an individual who is licensed 1. all of the above-refered 2. the above-referenced	nced require	ed tests	s have been co	mplet	ed by perso	ons qualifie	ed to per	form such	services;	and	•					on.	
Signature												Date si	gned (<i>mor</i>	nth, day, y	vear)		
Printed name								Certifica	tion number					Date of	expiration	(month, da	y, year)

				/IE A							
Electric	Hydraulic	Roped Hydraulic	Hydraulic	LULA Roped Hydraulic	LULA Electric	Dumbwaiter Cart Lift	Construction	Escalator Moving Walkway	Hoist A10.4	VPL ICL IPL A18.1	Belt Manlift A90.1
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	3	3	3	3		3				3	
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	A - Acceptance Inspection (plus 1's, 3's, and 5's)
	1 - Required for Category 1 / Annual Tests
	3 - Required for Category 3 Tests (plus 1's)
	5 - Required for Category 5 Test (plus 1's and 3's)
	P - Required for A10.4 Periodic Test
X	Indicate unit type and Test being reported.



ALL REQUIRED TESTS SHALL BE PERFORMED PER ADOPTED CODE. ALL RESULTS MAY NOT BE REQUIRED TO BE RECORDED. PLEASE SUBMIT ALL FAILED SAFETY TESTS.

Firefighters Phase I And	Phase II / Ins	structions	Posted			
Initiating Devices	H.W. / M.R.	FL	Eac	ch Fl	oor	
Emergency Power	Auxiliary Bat					
All E/E/Pes Elec Prot De	evices					
Emergency Lighting						
Two Way communicatio	n / Alarm					
Door Closing Force						
No Load Speed Up						
No Load Speed Down						
Rated Speed Up						
Rated Speed Down						
Stop Switches						
Normal And Final Termin	nal Stopping [Devices				
Terminal Speed Reducir						
Emergency Terminal sp						
Slack Rope Devices		<u> </u>				
Obstruction Devices						
Broken Rope, Tape, Cha	ain Devices					
		125	Torque	+		
Safeties Slide	raicu	120	Torque			
Unintended Down Motion	n Tost					
Unintended Up Motion 7				_		
Ascending Car Overspe						
,	Rated L	oad		_		
125% Emergency Stop	II NA I-	D D:	4!	_		
	Il Mach	Down Dir	rection			
Oil Buffer Return Time /	Car - RL C	WT - NL				
Working Pressure				_		
Relief Pressure On Stop				_		
Fifteen (15) Minute Stat						
Pressure Switch / Low 0						
Flexible Hose And Fittin	<u> </u>					
Down Overspeed Valve						
Unexposed Pistons / Pr	essure Vesse	ls				
Overspeed Switch						
Trip Speed						
Governor						
Pull Through						
Release Carrier Pull Ou	t					
Step Upthrust Device / I	_evel Device					
Comb-step / Pallet Impa	ct Device					
Missing Step / Pallet De	vice	\top				
Handrail Safety System						
Step / Skirt Performance	e Index / Subr					
Step / Skirt Clearance (I	_oaded Gap)					
Skirt Obstruction Device						
50% Periodic Inspection	Escalator					
Moveable Cone Guards		е				
Hand Hold Strength / Sp						
Load Step Deflection						
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