

STATE OF MONTANA
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF BUILDING AND MEASUREMENT STANDARDS
ELEVATOR SAFETY SECTION
PO BOX 200517
HELENA MT 59620-0517

STATE ELEV NO _____
DO NOT FILE WITHOUT STATE NO.

TEST REPORT OF GOVERNORS, SAFETY DEVICES, OIL BUFFERS AND RELIEF VALVES
Required by ASME A17.1 – 2004 Section 8.10 – 8.11 of the Elevator Code

Name of Building: _____ County: _____
Address of Building: _____
NUMBER STREET CITY ZIP CODE

Type of elevator being tested: Passenger () Service () Freight () VPL () Other: _____
Machine type: Traction () Drum () Sprocket () Hydraulic () Roped Hydro () Other: _____
Type of safety being tested: Broken rope () A () B () C () Relief valve () Slack Cable () A (Instantaneous)
Location of safety devices: Safety plank () Crosshead () Counterweight () B (Gradual)
Material of guide rails: Car: _____ Counterweight: _____ C (Type A w/oil buffers)
Type of governor: Flyball () Centrifugal () Seal before test: Yes () No ()
Type and number of buffers: Car: _____ Counterweight: _____
Was governor tripping speed tested? Yes () No () Tripping speed is: _____ fpm
Are the required governor, buffer, carrier and relief valve seals and tags affixed in accordance with the code rules? Yes () No ()

8.10 – 8.11 PERIODIC TEST FOR GOVERNORS, SAFETIES, AND OIL BUFFERS
REQUIRED EVERY 12 MONTHS

Cable leaving the safety drum: _____ inches. Turns remaining on drum: _____
Did governor jaws drop of own weight when latch was released? Yes () No ()
Did all parts of governor and safety perform the functions for which intended? Yes () No ()
Buffer oil level and plunger return tested to conform with Rule? Yes () No () Rule 201.4e Rule 1002.2
***Was metal tag, as required placed on the safety release carrier and buffers in a permanent manner? Yes () No ()*

8.11.23 FULL LOAD MAINTENANCE TEST
REQUIRED EVERY 5 YEARS

*Safety tested by: obtaining slack on hoist cables () Tripping governor at rated speed with rated load ()
Cable leaving the safety drum: _____ inches. Turns remaining on drum: _____ Tripping speed is: _____ fpm
Car slid: _____ inches after safety applied to rails. (average of all four marks)
*Platform was out of level: _____ inches with safety devices set.
*Was the braking system tested per the requirements of A17.1, Section 8.11.2.3.4 Yes () No ()
Were oil buffers tested to conform with Rule 201.4e? Yes () No ()
*Test performed with: _____ lbs. (rated load) in car.
*Car and counterweights balanced with: _____ lbs in car.
Did elevator lose traction with rated load in car? Yes () No ()
Car speeds: Empty up: _____ fpm – Empty down: _____ fpm – Rated load up: _____ fpm – Rated load down: _____ fpm
(*also applies to One Man Hand Powered Elevator tests every 12 months)
***Was metal tag, as required placed on the safety release carrier and buffers in a permanent manner? Yes () No ()*

THIS HYDRAULIC ELEVATOR HAS BEEN TESTED TO CONFORM WITH ALL APPLICABLE REQUIREMENTS OF SECTION 8.11.3.2

Relief valve by-passed pressure at: _____ psi. Rated load working pressure: _____ psi.
Car speeds: Empty up: _____ fpm – Empty down: _____ fpm – Rated load up: _____ fpm – Rated load down _____ fpm.
Was there any change in the car position which cannot be accounted for by visible oil leakage or temperature change during the standard test? Yes () No () 15 minute test required
***Was metal tag, as required, placed on relief valve in a permanent manner? Yes () No ()*

Signed: _____

Have any changes been made since last year? Yes () No (). Are any changes necessary? Yes () No ()
Company conducting test: _____ Person conducting test: _____ Date of test: _____

SECTION 1 MUST BE FILLED OUT WITH EACH TEST
FILE WITH ELEVATOR SAFETY SECTION WITHIN 10 DAYS OF COMPLETING TEST

Revised 11/21/07