



REPORT OF TESTS FOR REGULATED LIFTING DEVICES

State Form 34599 (R7 / 4-10)

State number

DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE & BUILDING SAFETY
DIVISION OF ELEVATOR & AMUSEMENT SAFETY
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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.

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 certified under the American Society of Mechanical Engineers (ASME) Qualified Elevator Inspector 1 (QEI-1); 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	QEI-1 certification number
	Date of QEI-1 expiration (month, day, year)

ASME A17.1													
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
			SPPE	SPPE	SPPE								
1	1	1											
1	1	1							A				
1	1/5	1/5	1	1	1							1	
1													
1	1	1	1	1	1							1	
1	1	1	1	1	1			A				1	
1	1	1	1	1	1	1						1	
5	A	5	A	5	5	1	A	A				1	1
5	A	5	A	5	5	1	A	A				1	1
5	A	5	A	5	5	5	A					A	1
5	A	5	A	5	5	5	A			A/P	A	1	
1	1	1	1	1	1	1	1	A	1	A/P	1	1	
1	1	1	1	1	1	1	1	A		A/P	1	1	
1	1	1	1	1	1	1	1	A		A/P			
5	1	1	1	1	1	1		A					
1		1		1	1	1	A			A/P	1		
												1	
1		1	1	1	1	1	A	1	A/P	1			
5					5	5	A	1	A	5	1		
5		5		1	1	1	A						
A					A		A						
1					1		A						
1					A		A						
1		1		1	1	1	A			A/P	1/5		
5					5		A						
1					5	1	A						
1		1				5	A						
	A	A	A	A	A	A	A					A	
	1	1	1	1		1	A					1	
	1	1	1	1		1	A					1	
	1	1	1	1		1	A					1	
	1	1	1	1		1	A					1	
	5	5	5	5		5	A					1	
	3	3	3	3		3						3	
5		5		1	1	5	A			A/P	5		
5		5		1	1	5	A			A/P	5		
1		1		1	1	5	A	1		A/P	1		
5		5		5	5	5	A			A/P	5		
5		5		5	5	5	A			A/P			
									1				
									1				
	5								1				
	5								1				
	1								1				
	5								1				
	5								1				
													1
													1
													1

- 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.

DO NOT SUBMIT IF THE TEST HAS FAILED.

Firefighters Phase I And Phase II / Instructions Posted					
Initiating Devices	H.W. / M.R.	FL	Each Floor		
Emergency Power	Auxiliary Battery Lowering				
All E/E/Pes Elec Prot Devices					
Emergency Lighting					
Two Way communication / Alarm					
Door Closing Force					
No Load Speed Up					
No Load Speed Down					
Rated Speed Up					
Rated Speed Down					
Stop Switches					
Normal And Final Terminal Stopping Devices					
Terminal Speed Reducing Device / Slowdown					
Emergency Terminal speed / Stopping					
Slack Rope Devices					
Obstruction Devices					
Broken Rope, Tape, Chain Devices					
Braking System	Rated	125	Torque		
Safeties Slide					
Unintended Down Motion Test					
Unintended Up Motion Test					
Ascending Car Overspeed Test					
Safety Test	NL	Rated Load			
125% Emergency Stop					
Slip Traction	Stall Mach	Down Direction			
Oil Buffer Return Time / Car - RL CWT - NL					
Working Pressure					
Relief Pressure On Stop Ring					
15 Minute Static Load Test					
Pressure Switch / Low Oil Protection					
Flexible Hose And Fittings					
Down Overspeed Valve / Plunger Gripper RL					
Unexposed Pistons / Pressure Vessels					
Overspeed Switch					
Trip Speed					
Governor					
Pull Through					
Release Carrier Pull Out					
Step Upthrust Device / Level Device					
Comb-step / Pallet Impact Device					
Missing Step / Pallet Device					
Handrail Safety System					
Step / Skirt Performance Index / Submit Readout					
Step / Skirt Clearance (Loaded Gap)					
Skirt Obstruction Devices					
50% Periodic Inspection Escalator					
Moveable Cone Guards / Control Rope					
Hand Hold Strength / Speed Test					
Load Step Deflection					