

City of Detroit

BUILDINGS AND SAFETY ENGINEERING DEPARTMENT

Test Report of Governors, Safety Devices, Oil Buffers, Relief Valves and Changing of Flexible Hoses
(DO NOT FILE WITHOUT CITY SERIAL NUMBER)

Notice Number _____

City Serial Number _____

NAME OF BUILDING _____

ADDRESS OF BUILDING _____

Number, Street, City, Zip Code

LICENSEE _____

ADDRESS OF LICENSEE _____

Number, Street, City, Zip Code

Type of elevator being tested: Passenger () Freight () Other _____

Powered by: Electric motor () Handpowered () Other _____

Machine type: Traction () Drum () Sprocket () Hydraulic () Other _____

Type of Safety being tested: Broken rope () A () B () C () Relief valve ()

Location of safety devices: Safety plank () Crosshead () Counterweight ()

A (Instantaneous)

B (Gradual)

Material of guide rails: Car _____ Counterweight _____

C (Type A with oil buffers)

Type of governor: Flyball () Centrifugal () Sealed AFTER 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 ()

PERIODIC TEST FOR GOVERNORS AND SAFETIES REQUIRED EVERY 30 MONTHS

2. Capacity _____ lbs. Rated speed _____ fpm.

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? Yes () No ()

FULL LOAD MAINTENANCE TEST REQUIRED EVERY 5 YEARS

3. Capacity _____ lbs.

Safety tested by: Obtaining slack in hoist cables () Tripping governor at rated speed with rated load ()
overspeed ()

Cable leaving the safety drum _____ inches. Turns remaining on drum _____ Tripping speed is _____ fpm.

Car slide _____ inches after safety applied to rails. (Average of all four marks)

Platform was out of level _____ inches with safety devices set.

Did any damage occur because of the safety test? Yes () No () If yes explain _____

_____ were corrections made? Yes () No ()

Were oil buffers tested? Yes () No ()

Test performed with _____ lbs. (Rated load) 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

HOIST CABLE RESHACKLING

4. Date _____ Was Tag Attached? _____

Note: Periodic reshackling required only on overhead drum-type machines roped 1:1.

5. THIS FULL LOAD MAINTENANCE TEST SHALL BE MADE ONCE EVERY (30 MONTHS).

Capacity _____ lbs.

Relief valve fully 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 standing test? Yes () No () 2 hour test required.

6. FLEXIBLE HYDRAULIC HOSE CONNECTION REPLACEMENT REQUIRED EVERY 6 YEARS

Has hose connection been permanently stamped with date of installation? Yes () No ()

Company conducting test or hose replacement _____ Person conducting test _____

Date of test or hose replacement _____ Journeyman License No. _____

SECTION (1) MUST BE FILLED OUT WITH EACH TEST

FILE WITH THE DEPARTMENT WITHIN 10 DAYS FOLLOWING COMPLETION OF THE INSPECTION AND TESTS

I affix my signature hereto as certification that the tests and reshackling reported above were conducted as required by the Official Detroit Elevator Ordinance.

Signature _____

Company _____

Mail Completed Report Form to:

**BUILDINGS AND SAFETY ENGINEERING DEPARTMENT
Safety Engineering Inspection Division
408 City-County Building
Detroit, Michigan 48226**