

STATE OF CONNECTICUT
DEPARTMENT OF
ADMINISTRATIVE SERVICES
DIVISION OF CONSTRUCTION
SERVICES
165 Capital Ave
Hartford CT 06106
Fax (860) 713-7422



REG NO. _____ --- _____
Elevator Number: _____
Test Period 1 yr [] 3 yr [] 5 yr []
Other _____

BUREAU OF ELEVATORS

1020-C Revised January 2016 **TEST RESULTS FORM**

Registered to: _____

Located at: _____

Has been tested in accordance with ASME A17.1, Part X

Rule Nos. _____

And found to be [] in compliance [] not in compliance [] Locked out/Tagged Out

Reason for non-compliance _____

ELECTRIC ELEVATORS

Inspected and tested in accordance with Section 1002

Governor Calibration: _____ fpm

Tagged and Sealed []

Test done under the following conditions:

No Load []

Full Load _____ lbs

Contract Speed _____ fpm

Overspeed _____ fpm

Brake 125% _____ lbs

Other: _____

For Type B & C Safeties:

Slide _____ inches

Reason for Test: _____

HYDRAULIC ELEVATORS

Inspected and tested in accordance with Section 1005

Working Pressure _____ psi

Relief/Bypass Pressure _____ psi

Relief Valve Tagged and Sealed []

Test Done:

No Load []

Full Load []

5 yr Governors, safeties, oil buffers (where provided) []

Reason for Test: _____

ESCALATORS/MOVING WALKS

Inspected and tested in accordance with Section 1008

This is to certify that Escalator: Up [] Down []

And found to be [] in compliance [] not in compliance [] Locked out/Tagged Out

Reason for non-compliance _____

Signed: _____

Date: _____

License No. _____

Employer: _____

Witnessed by State Inspector _____ Date: _____