

Category 5 Test Report

CSA B44/ASME 17.1, Req. 8.6.4.20 Electric Elevators

Refer to ASME A17.2 for testing procedures

Elevator Information

Elevator Contractor Performing Tests			
Owner Name and EDO			
Building/Site Name and Street Address		City/Town	
OEM			
Rated Speed	<input type="checkbox"/> m/s <input type="checkbox"/> fpm	Rated Load	<input type="checkbox"/> kg <input type="checkbox"/> lb
Test Due (MM/YY)		Code Date (MM/YY)	

Car and Counterweight Safeties - A17.1/B44, Req.8.6.4.20.1 and A17.2, Item 2.29; refer to Tables 2.29.2(a)-(e)

Test Date	Guide Rails <input type="checkbox"/> Steel <input type="checkbox"/> Wood	Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Broken/slack rope	Cwt. Safeties <input type="checkbox"/> Not Applicable
Machine Type <input type="checkbox"/> Traction <input type="checkbox"/> Drum <input type="checkbox"/> Roped Hydraulic	Overall Condition (describe on separate report/notes) <input type="checkbox"/> Good <input type="checkbox"/> Repairs/adjustments before test <input type="checkbox"/> Repairs/adjustments after test		
Actual Stopping Distances	Minimum <input type="checkbox"/> mm <input type="checkbox"/> in.	Maximum <input type="checkbox"/> mm <input type="checkbox"/> in.	Slide <input type="checkbox"/> mm <input type="checkbox"/> in.
Test Tags Affixed? <input type="checkbox"/> Yes			

Governors - A17.1/B44, Req.8.6.4.20.2 and A17.2, Item 2.13; refer to Tables 2.13.2

Car Governor <input type="checkbox"/> Test Tag Affixed			Counterweight Governor <input type="checkbox"/> Test Tag Affixed		
Tripping speeds <input type="checkbox"/> ms, or <input type="checkbox"/> fpm	Gov. Rope Size _____ mm in	Breaking Strength _____ kg lb	Tripping speeds <input type="checkbox"/> ms, or <input type="checkbox"/> fpm	Gov. Rope Size _____ mm in	Breaking Strength _____ kg lb
Switch _____ N lbf	Pull-through _____ N lbf	Pull-out _____ N lbf	Switch _____ N lbf	Pull-through _____ N lbf	Pull-out _____ N lbf
Jaws _____ Cannot exceed 20% of governor-rope breaking strength	_____ Cannot exceed 60% of pull-through		Jaws _____ Cannot exceed 20% of governor-rope breaking strength	_____ Cannot exceed 60% of pull-through	
Governor Type <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flyball <input type="checkbox"/> Other: _____ <input type="checkbox"/> Horizontal Shaft <input type="checkbox"/> Overhead Flyball			Governor Type <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flyball <input type="checkbox"/> Other: _____ <input type="checkbox"/> Horizontal Shaft <input type="checkbox"/> Overhead Flyball		

Oil Buffers - A17.1/B44, Req. 8.6.4.20.3 and A17.2, Items 3.28 and 5.9

Car Buffers <input type="checkbox"/> Test Tag Affixed <input type="checkbox"/> Tested at rated speed with rated load in car			Counterweight Buffers <input type="checkbox"/> Test Tag Affixed <input type="checkbox"/> Tested at rated speed with rated load in car		
Buffer Switch Operation <input type="checkbox"/> Okay <input type="checkbox"/> Repair/Adjust	Oil Level <input type="checkbox"/> Okay <input type="checkbox"/> Add Oil	Runby _____ in	Buffer Switch Operation <input type="checkbox"/> Okay <input type="checkbox"/> Repair/Adjust	Oil Level <input type="checkbox"/> Okay <input type="checkbox"/> Add Oil	Runby _____ in

Braking System - A17.1/B44, Req.8.6.4.20.4 and A17.2, Item 2.17; refer to Table 8.6.4.20.4

125% Rated-load Test <input type="checkbox"/> Passed <input type="checkbox"/> Adjusted/repaired & retested	Class C-2 Loading <input type="checkbox"/> Maintained Level Car	Safely Lowered and Stopped with 125% of Rated Load <input type="checkbox"/> Passenger Elevator <input type="checkbox"/> Freight allowed to carry passengers
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Emergency and Standby Power Operation - A17.1/B44, Req. 8.6.4.20.5 and A17.2, Item 1.17

<input type="checkbox"/> 125% of Rated Load	<input type="checkbox"/> Rated Load Only	<input type="checkbox"/> Adjusted/repaired and Retested	<input type="checkbox"/> Passed
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Emergency Terminal Stopping, Speed-Limiting Devices - A17.1/B44, Req.8.6.4.20.6 and A17.2, Item 2.28

<input type="checkbox"/> Bottom Terminal run at Rated Speed	<input type="checkbox"/> Top Terminal run at Rated Speed	<input type="checkbox"/> Adjusted/repaired and Retested	<input type="checkbox"/> Passed
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Power Opening of Doors - A17.1/B44, Req.8.6.4.20.7 and A17.2, Item 1.10

<input type="checkbox"/> Doors open only in landing zone	<input type="checkbox"/> Doors open only within 300 mm (12 in.) of floor (static drive)
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Emergency Stopping Distance - A17.1/B44, Req.8.6.4.20.10

<input type="checkbox"/> Rope Slip	<input type="checkbox"/> Drive Stalled	<input type="checkbox"/> 125% Rated-load Test:	<input type="checkbox"/> Adjusted/repaired and Retested	<input type="checkbox"/> Passed
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Leveling Zone, Leveling Speed, Inner-Landing Zone - A17.1/B44, Req.8.6.4.20.8,9 and A17.2, Table 1.10.2

Unlocking/inner landing zone: _____ mm in. <input type="checkbox"/> N/A	Leveling zone, non-static drive: _____ mm in. <input type="checkbox"/> N/A
Leveling zone, manual: _____ mm in. <input type="checkbox"/> N/A	Landing/unlocking zone: _____ mm in. <input type="checkbox"/> N/A
Leveling zone, static drive: _____ mm in. <input type="checkbox"/> N/A	Truck zone: _____ mm in. <input type="checkbox"/> N/A

Notes

Certificate of Compliance

I,the undersigned, hereby declare that the Elevator Device described and approved under registration number/ EDO# _____ is in full compliance with the “Amusement Rides and Elevating Devices Regulations”. I further certify that the CAT 5 test/tests data described in this report is accurate and has been completed in accordance with the requirement of CSA B44/ASME A17.1, and ASME A17.2.

_____ Mechanic's Name (Please Print)	_____ Mechanic's Licence Number and Expiry Date
_____ Mechanic's Signature	_____ Date

Certificate of Inspection

I,the undersigned, hereby declare that the described Elevator Devices, approved under registration number/ EDO# _____ and the CAT 5 Test detailed in this report, have been completed and witnessed to the best of my knowledge and are in full compliance with the “Amusement Rides and Elevating Devices Regulations”. I further certify that the CAT 5 test/tests were conducted and witnessed in accordance with CSA B44/ASME A17.1, and ASME A17.2.

_____ Inspector's Name (Please Print)	_____ Inspector's Licence Number and Expiry Date
_____ Inspector's Signature	_____ Date