



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	Type	Cwt. Safeties		
	<input type="checkbox"/> Steel <input type="checkbox"/> Wood	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Broken/slack rope <input type="checkbox"/> Not Applicable		
Machine Type	Overall Condition (describe on separate report/notes)				
<input type="checkbox"/> Traction <input type="checkbox"/> Drum <input type="checkbox"/> Roped <input type="checkbox"/> Hydraulic	<input type="checkbox"/> Good	<input type="checkbox"/> Repairs/adjustments before test		<input type="checkbox"/> Repairs/adjustments after test	
Actual Stopping Distances	Minimum	Maximum	Slide	Test Tags Affixed?	
	<input type="checkbox"/> mm <input type="checkbox"/> in.	<input type="checkbox"/> mm <input type="checkbox"/> in.	<input type="checkbox"/> mm <input type="checkbox"/> in.	<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	Pull-out _____ N lbf	Switch _____ N lbf	Pull-through	Pull-out _____ N lbf
Jaws _____ N lbf	Cannot exceed 20% of governor-rope breaking strength	Cannot exceed 60% of pull-through	Jaws _____ N lbf	Cannot exceed 20% of governor-rope breaking strength	Cannot exceed 60% of pull-through
Governor Type	Governor Type				
<input type="checkbox"/> Centrifugal <input type="checkbox"/> Flyball <input type="checkbox"/> Other: _____	<input type="checkbox"/> Centrifugal <input type="checkbox"/> Flyball <input type="checkbox"/> Other: _____				
<input type="checkbox"/> Horizontal Shaft <input type="checkbox"/> Overhead Flyball	<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		Refer to 8.11.3.1.5(d)	Counterweight Buffers	<input type="checkbox"/> Test Tag Affixed
	<input type="checkbox"/> Tested at rated speed with rated load in car				<input type="checkbox"/> Refer to 8.11.2.1.3(m)
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			

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		

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		

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)				

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			

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