

Category 5 Test Report

CSA B44/ASME 17.1, Req. 8.6.5.16 Hydraulic 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
Running Speed (up)	Rated Load	Test Due (MM/YY)	Code Date (MM/YY)
<input type="checkbox"/> m/s <input type="checkbox"/> fpm	<input type="checkbox"/> kg <input type="checkbox"/> lb		
Running Speed (down)	Type	Class	Use
<input type="checkbox"/> m/s <input type="checkbox"/> fpm	<input type="checkbox"/> Freight <input type="checkbox"/> Passenger		

Checklist

Is Test Satisfactory?

1	8.6.5.16.1 Governors, Safeties and Oil Buffers where provided: (Item 213.2.2(b), 2.29.2(e) of A17.2)	
1	8.6.4.20.1 Car 7 Counterweight Safeties: <input type="checkbox"/> Car <input type="checkbox"/> CW <input type="checkbox"/> Both <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> (Flexible Guide <input type="checkbox"/> Wedge) <input type="checkbox"/> Type C, or Other <input type="checkbox"/> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Alternative Test Method: <input type="checkbox"/>
	Manufacturer of Safety Device (Car)	Safety Device ID Number
	Stopping Distance: _____ in. (Note: Use the average length of the continuous marks after deducting the length of the safety jaw or wedge.)	
	Did car set out of level <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, measurement out of level _____ in.
	Condition of Guide Rails after test <input type="checkbox"/> Good <input type="checkbox"/> Poor	Wooden Guides Replaced <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2	8.6.4.20.2 Governors: <input type="checkbox"/> Car <input type="checkbox"/> Car & CW	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Manufacturer of Speed Governor (Car)	Speed Number ID Number (Car)
	Manufacturer of Speed Governor (CW)	Speed Number ID Number (CW)
	Rope: <input type="checkbox"/> Iron <input type="checkbox"/> Steel <input type="checkbox"/> 6 x 19 <input type="checkbox"/> 8 x 19 <input type="checkbox"/> Other _____	Size <input type="checkbox"/> in <input type="checkbox"/> mm (dia.)
	Tripping Speed fpm (Car): _____ (CW)	Overspeed Switch Tripping Speed fpm (Car): _____
	Rope Pull Through lbs. (Car): _____ (CW)	Rope Pull Out lbs. (Car): _____ (CW)
	Governor Readjusted <input type="checkbox"/> Yes <input type="checkbox"/> No	Overspeed Switch Readjusted <input type="checkbox"/> Yes <input type="checkbox"/> No
		Resealed <input type="checkbox"/> Yes <input type="checkbox"/> No
3	8.6.4.20.3 - Oil Buffers: <input type="checkbox"/> Car <input type="checkbox"/> CW <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2	8.6.5.16.2 - Coated Ropes (Item 3.23 of A17.2):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3	8.6.5.16.3 - Wire Rope Fastenings (Item 3.22 of A17.2):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4	8.6.5.16.4 - Plunger Gripper per 8.10.3.2.5(n), (Item 5.17.2 of A17.2): Yes: No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5	8.6.5.16.5 - Overspeed Valves per 3.19.4.7.5(a), (Item 5.15.2 of A17.2): Tripping Speed: _____ fpm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6	8.6.5.16.6 - Freight Elevator of Class C2 Loading Only (Item 2.17.2.2 of A17.2):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7	8.6.5.17 - Plunger Gripper Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8	8.6.5.18 - Executable Software Verification per 8.6.1.2.2(f)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9	8.6.5.19 - Operation of Passenger / Freight Elevator with faulty Doors Contact Circuit per 2.26.5.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10	8.6.5.14.1 - Relief Valve verification of setting and system pressure Test (Item 2.31 of A17.2):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11	8.6.1.7.2 - Periodic Test record: A Metal tag containing the applicable code requirement & date performed, and the name of the person or firm performing the test, shall be attached to the controller. Test shall also be recorded in the maintenance record.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
**	Test conforms to the Code in effect at time of original installation; and requirements at the time of any alteration;	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain

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