

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)	<input type="checkbox"/> m/s <input type="checkbox"/> fpm	Rated Load	<input type="checkbox"/> kg <input type="checkbox"/> lb
Running Speed (down)	<input type="checkbox"/> m/s <input type="checkbox"/> fpm	Type	<input type="checkbox"/> Freight <input type="checkbox"/> Passenger
		Class	Use

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			
	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	
3	8.6.4.20.3 - Oil Buffers: <input type="checkbox"/> Car <input type="checkbox"/> CW <input type="checkbox"/> Both			
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