Periodic Tests for Traction Elevators

Date:	Building Name:
Building Address:	

TYPE OF PERIODIC TEST:	INITIAL: ☐	1-YEAR: ☐	ALTERATION: ☐	5-YEAR: ☐

ELEVATOR SERIAL NUMBER									
CAR GOVERNOR	ELECTRICAL								
	MECHANICAL								
CAR SLIDE LENGTH (inches)									
CWT GOVERNOR	ELECTRICAL								
	MECHANICAL								
NORMAL BRAKE									
EMERGENCY BRAKE									
UNINTENDED CAR MOVEMENT	EMPTY								
	125%								
NORMAL TERMINAL SLOW DOWN	UP								
	DOWN								
EMERGENCY TERMINAL SLOWDOWN DEVICE	UP								
	DOWN								
BUFFERS	CAR								
	CWT								
EMERGENCY POWER									
FIREGIGHTER OPERATIONS									
DOOR TESTS									
CONTRACT SPEED									
LIMITS									
E / E / PES									
DOOR LOCKING MONITORING									

COMMENTS:

CEI NAME: _____

CEI LICENSE #: _____

CEI COMPANY: _____

CEI ADDRESS: _____

CEI PHONE #: _____

CEI SIGNATURE: _____

CC NAME: _____

CC LICENSE #: _____

CC COMPANY: _____

CC SIGNATURE: _____

IMPORTANT: ALL TEST ITEMS MUST BE PERFORMED. CEI MUST PLACE INITIALS INSIDE EACH BOX FOR EACH TEST THAT PASSES OR TEST VALUES. FOR FAILED TESTS, WRITE "FAIL" INSIDE THE BOX. NOT APPLICABLE WRITE N/A. IF TESTS ARE NOT FILLED IN ACCORDINGLY OR ANY PART OF THIS FORM IS NOT FILLED OUT CORRECTLY, THE FORM WILL BE INCOMPLETE AND WILL NOT BE ACCEPTED.