



Colorado Department of Labor and Employment
Division of Oil and Public Safety – Conveyance Program
633 17th Street, Suite 500
Denver, CO 80202-3610

Phone: 303-319-5834
Fax: 303-318-8534
Email: cdle_conveyance@state.co.us
Web: www.colorado.gov/ops

Hydraulic Elevator Safety Test Report

(Revised 9/11/2014)

General Information

Building Name:	Howard Johnson TMC07053	Manufacturer:	Otis	OPS Conveyance #:	CP- 11-002018			
Address:	8280 Voyager	City:	Colorado Springs	ZIP:	80920	Local Conveyance ID #:	B21360	
Install Date:	1985	Stops:	5	Capacity:	2500 lbs	Job/Contract #:	815411	
Test Date:	February 8, 2018	Inspector Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, inspector signs report.			Rated Speed:	125 fpm
Test Type:	<input type="checkbox"/> Acceptance <input checked="" type="checkbox"/> Category 1 <input type="checkbox"/> Category 1 or 5 Witnessed			Duty:	<input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Freight		Freight Class:	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Relief Valve

Piston Diameter:	4 3/8 in	No-Load Working Pressure:	260 psi	Adjustment Needed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Relief Valve Setting (set at 150% or less of working pressure):	455 psi	Overspeed Valve Operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Adjustment Sealed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Plunger Gripper Operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Full Load Working Pressure:	psi <input checked="" type="checkbox"/> N/A (acceptance tests only)	
<input checked="" type="checkbox"/> N/A (acceptance & witnessed tests)					

Power Down Static Tests

Time Started:	1:05 PM	Time Ended:	1:20 PM	Elapsed Time:	15 min	Jumpers Removed?	<input checked="" type="checkbox"/> Yes
Proper Fuses Installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Connections Tight?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Controller Clean?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Relay(s) Visually Inspected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Change in Car Position?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, By What Distance?	1/4 in
Oil Loss Accounted For?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If any oil loss cannot be accounted for, the elevator must be removed from service and the Authority Having Jurisdiction must be notified.				

Safety Devices

Stop Switches

In Car:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Pit:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Top of Car:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		
Directional Limits			Final Limits <input checked="" type="checkbox"/> N/A				
Up:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Down:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Up:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Down:	<input checked="" type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail
Low Oil Protection:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Escape Hatch Contact:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A			
Low Oil Pressure Switch:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A		Re-level During Manual Lowering:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A			

Doors

Closing Force (max 30 lbf):	27	Safety Edge:	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A	Door Guides Secure?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Closing Time:	4.8 sec	Electronic Edge:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Door Interlocks/Gate Switch/Door Restriction:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Emergency Operations

Phase I Recall:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Phase I Fire Service Instruction Signage in Place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Phase II Operation:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Phase II Fire Service Instruction Signage in Place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Emergency Communication:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Alarm Bell:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Emergency Lights:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Standby/Emergency Power Operation:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A			125% of rated load is not required.	

Other Items

Test Tag Installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Logs Updated with this Event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
All Test Requirements:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		
Pass may only be checked if all items on this test form meet the adopted code requirements.			

Certifications

By signing below, I certify that all statements are true to the best of my knowledge and that all testing was performed according to current adopted codes.

Mechanic Name:	Mark Clark	Contractor Company Name:	Otis			
Mechanic Signature:		Date:	February 8, 2018	State License #:	CM-1-141	
Inspector Name:	<input checked="" type="checkbox"/> N/A		Inspection Company Name:	<input checked="" type="checkbox"/> N/A		
Inspector Signature:	<input checked="" type="checkbox"/> N/A		Date:	<input checked="" type="checkbox"/> N/A	State License #:	<input checked="" type="checkbox"/> N/A