



## Escalator and Moving Walk Test

<b>City of Saint Paul</b> <b>Department of Safety &amp; Inspections</b>	City Id	Submitted Date	Elevator Company
375 Jackson St., Suite 220 Saint Paul, MN 55101 Phone: 651-266-9012 Email: <a href="mailto:elevatorinspectors@ci.stpaul.mn.us">elevatorinspectors@ci.stpaul.mn.us</a>	Building Name		Building Contact
	Address		City

<b>TEST TYPE</b>	<b>ACCEPTANCE</b> <input type="checkbox"/>	<b>ANNUAL (CAT1)</b> <input type="checkbox"/>
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Install Year	Code Year	Manufacturer	Speed	Unit Number	Escalator or Walk
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Accept	CAT1	DESCRIPTION	RESULT	ASME A17.1 Code		
X	X	Machine Room and Truss Interior – Clean and Lights Working	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.1		
X	X	Machine Space Stop Switches	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.2		
X	X	Controller and Wiring Examination	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.3		
X	X	Drive Machine and Brake Exam and Test. Includes Brake Torque Test	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.4		
		Torque Max	Torque Min			
		Breakaway	Dynamic			
X	X	Speed Governor & Speed Test	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.5		
X	X	Broken Drive Chain Device	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.6		
X	X	Reversal stop switch Device	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.7		
X	X	Broken Step Chain or Treadway Device:	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.8		
X	X	Step Up Thrust Device	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.9		
X	X	Missing Step or Missing Pallet Device:	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.10		
X	X	Step or Pallet Level Device:	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.11		
X	X	Examine Steps. Pallets. Chains and Trusses. Chain Stretch	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.12		
X	X	Test Handrail Safety Systems: (entry; speed monitoring devices)	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.13		
X	X	Examine and Test Outdoor Heater Operation.(Outdoor ESC and MW Only)	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.14		
X	X	Escalator Chain Stretch (Clearance between steps 6mm (.25 inch) or less)	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.15		
X	X	Disconnected Motor Safety Device	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.16		
X	X	Response to Smoke Detectors	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.17		
X	X	Comb Impact Device	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.18		
		Top LH Force Hor.	Top CTR. Force Hor.		Vert.	Top RH Force Hor.
		Bot. LH Force Hor.	Bot. CTR. Force Hor.		Vert.	Bot. RH Force Hor.
X	X	Step/Skirt Indexing and loaded Gap – Escalators only	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.19		
		Left Step One Index	Right Step One Index			
		Left Step Two Index	Right Step Two Index			
X	X	Loaded Gap – Escalators installed under the A17.1-2000 or later editions	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.20		
		Loaded Gap Left	Loaded Gap Right			
X	X	Gap between Step and Skirt (not loaded) ≤ .1875 in (4.8mm)	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.2		
X	X	Inspection Control Devices	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.21		
X	X	Step Lateral Device (Curved Escalators Only)	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.6.8.15.22		
X		Tandem Operation	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.10.4.1.1(j)(4)		
X		Skirt Obstruction Devices	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.10.4.1.2(t)		
X		Egress Restriction Devices – Varied speed escalators and moving walks	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A	8.10.4.1.1(l)		

Complete the form and email a copy annually to [dsiweb@ci.stpaul.mn.us](mailto:dsiweb@ci.stpaul.mn.us).  
Any results identified as "Failed" shall be addressed immediately with the owner.

**Licensed elevator constructors or contractors shall not leave any elevator in service if an unsafe condition exists because of these or any other tests.**

<b>Licensed Constructor Name (Print)</b>	<b>License #</b>	SIGNATURE	Date:
<b>Acceptance Tests</b> Signed by Inspector		SIGNATURE	Date: