



## Hydraulic Elevator Test

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

<b>TEST TYPE</b>	<b>ACCEPTANCE</b> <input type="checkbox"/>	<b>5 YEAR (CAT 5)</b> <input type="checkbox"/>	<b>ANNUAL (CAT1)</b> <input type="checkbox"/>
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Capacity	Number of floors	Manufacturer
Speed	Number of openings	Code year
Elevator Use	Elevator number	Calculated F.L.
Piston Diam.		

Frequency			Description	Result			ASME Code	
A	5	1		P	F	NA	CAT 1	CAT 5
X		X	No Load pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.1	
X		X	Full Load Pressure (See Calculated above for CAT1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.1	
X		X	Relief Valve Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.1	
X		X	System Leak Test / movement in 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.2	
X		X	Normal & Final terminal stopping devices: Examine and test for operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.3	
X		X	Governor - operate manually & visual inspection verify parts operate freely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.3	
X		X	Safeties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.3	
X		X	Oil Buffer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.3	
X		X	Firefighters' Emergency Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.3	
X		X	Standby EP operation – annual; Battery Lowering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.3	
X		X	ETSLD and ETSD test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.3	
X		X	Low Oil Protection timer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.3	
X		X	Flexible Hose & Fitting Assemblies (test at relief valve setting for 30 sec.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.4	
X		X	Pressure switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.5	
X		X	Door Close Speed (time)   Door Close force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.5.14.6	
X		X	EPD and SIL rated device testing procedure performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.4.19.10	
X		X	Emergency communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.4.19.15	
X		X	Door Restrictor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.4.19.16	
X	X		Car Slide   Counterweight Slide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8.6.5.16.1
X	X		Gov. Trip Speed   Gov. Pull Through force   Safety Pull out force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8.6.5.16.1
X	X		Oil Buffer Tests: Car- full load; Counterweight- empty car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8.6.5.16.1
X	X		Coated rope inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8.6.5.16.2
X	X		Wire rope fastening inspection (Roped Hydro)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8.6.5.16.3
X	X		Plunger gripper; examine and test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8.6.5.16.4
X	X		Overspeed valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8.6.5.16.5
X	X		C2 Loading – Sustain and level car with maximum load shown on signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8.6.5.16.6

Complete the form and email a copy annually to [elevator.inspections.dli@state.mn.us](mailto:elevator.inspections.dli@state.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>	License #	SIGNATURE	Date:
<b>Acceptance tests</b> Signed by Inspector		SIGNATURE	Date: