

Testing Firm:

Test Firm Rep. (print)

Mechanic Name: (print)

TPQEI Name: (print)

Mechanic License Number:

PERIODIC TEST REPORTING FORM

ELEVATOR SAFETY INSPECTION 10946 GOLDEN WEST DR, #160 HUNT VALLEY, MD 21031

FIRE SERVICE / EMERGENCY POWER

ALL WORK IS TO BE PERFORMED IN ACCORDANCE WITH THE REQUIREMENTS OF THE APPROPRIATE ASME A17.1 CODE.

For each elevator tested, list the State Registration number found in the elevator machine room:

A. FIRE ALARM INITIATING DEVICE (FAID) - Applicable Code Year: _ All FAID'S related to the elevator operation except designated level, returned elevator(s) to the designated level (key floor) Yes No The designated floor FAID sent the elevator(s) to the alternate level, floor number _____ as required by the ASME A17.1 Elevator Code. B. <u>STAND-BY EMERGENCY POWER TEST</u> - Applicable Code Year: ___ CHECK ONE: ANNUAL TEST ASME A17.1 FIVE YEAR TEST ASME A17.1 **OTHER:** Annually, elevator(s) equipped with stand-by emergency power are required to be tested using the emergency power system with no load. 1. Did the elevator(s) operate simultaneously while on stand-by emergency power? Yes No If NO, explain: 2. Did the elevators operate in accordance with the above elevator Code? Yes No Site Name: Address: City, State, Zip:

Date Tested:

Sign:

Sign:

Sign: