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| **ELEVATOR SAFETY INSPECTION**  **10946 GOLDEN WEST DR, #160**  **HUNT VALLEY, MD 21031** |
| **Periodic Inspection and Test Requirements A17.1- 2016/2019 Escalators and Moving Walks**  **Registration #:\_\_\_\_\_\_\_\_\_\_\_ Code Year in Effect at time of Installation A17.1 \_\_\_\_\_\_\_\_\_\_\_**  **Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Tested / Inspected: \_\_\_\_\_\_\_\_\_**  **Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_** |

**Key P=Pass F=Fail NA= Not Applicable**

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| **8.11.4 Periodic Inspection of Escalator and Moving Walks** | **P/F/NA** | **8.6.8.15 Periodic Test Requirements Cat 1** | **P/F/NA** |  | **P/F/NA** |
| (7.1 and 9.1) General Fire Protection |  | 8.6.8.15.1 Machinery Room and Truss Interior |  | 8.6.8.15.22 Step Lateral Displacement Device |  |
| (7.2 and 9.2) Geometry |  | 8.6.8.15.2 Stop Switch |  | 6.1.6.3.14 For Curved Escalators, Step Level Device |  |
| (7.3 and 9.3) Handrails |  | 8.6.8.15.3 Controller and Wiring |  | 8.6.8.15.23 Seismic Risk Zone 2 or Greater |  |
| (7.4 and 9.4) Entrance and Egress |  | 8.6.8.15.4 Drive Machine and Brake |  | 8.6.8.15.24 Maintenance of Seismic Devices |  |
| (7.5 and 9.5) Lighting |  | 8.6.8.15.5 Speed Governor \*\* |  | 8.6.8.15.25 Skirt Obstruction Devices \*\* **(2019)** |  |
| (7.6 and 9.6) Caution Signs |  | 8.6.8.15.6 Broken Drive-Chain Device \*\* |  | 8.6.8.15.26 Testing of Alternative Arrangements and |  |
| (7.7 and 9.7) Combplate |  | 8.6.8.15.7 Reversal Stop switch \*\* |  | ASME 17.7/CSA B44.7\_Conforming Equipment **(2019)** |  |
| (7.8 and 9.8) Deck Barricade Guard and Antislide Devices |  | 8.6.8.15.8 Broken Step Chain or Treadway Device \*\* |  | (a) On Equipment Applied Under Alternative Arrangements |  |
| (7.9 and 9.9) Steps and Treadway |  | 8.6.8.15.9 Step Upthrust Device |  | (b) On Equipment Specified in A17.7/CSA B44.7 CCD |  |
| (7.10 and 9.10) Operating Devices |  | 8.6.8.15.10 Missing Step or Pallet Device \*\* |  |  |  |
| (8.13 and 10.13) Handrail Entry Devices |  | 8.6.8.15.11 Step or Pallet Level Device \*\* |  |  |  |
| (7.13 and 9.13) Egress Restriction device |  | 8.6.8.15.12 Step, Pallet, Step or Pallet Chain, and Trusses |  |  |  |
| (7.14 and 9.14) Speed |  | 8.6.8.15.13 Handrail Safety Systems \*\* |  |  |  |
| (7.15 and 9.15) Balustrades |  | 8.6.8.15.14 For Outdoor Escalators and Moving Walks that |  |  |  |
| (7.16 and 9.16) Ceiling Intersection Guards |  | Require Heathers for Condition and Operation |  |  |  |
| (7.17 and 9.17) Skirt Panels |  | 8.6.8.15.15 Permissible Stretch in Escalator Chains |  |  |  |
| (7.18 and 9.18) Outdoor Protection |  | 8.6.8.15.16 Disconnected Motor Safety Device |  |  |  |
| (2.1 and 4.1) Machinery Space Access, Lighting, Receptacles |  | 8.6.8.15.17 Response to Smoke Detectors |  |  |  |
| And Condition (For Remote Machine rooms ONLY) |  | 8.6.8.15.18 Comb-Step or Comb-Pallet Impact Device \*\* |  |  |  |
| (2.2 and 4.2) Additional Stop Switches |  | 8.6.8.15.19 Step/Skirt Performance Index |  |  |  |
| (2.3 and 4.3) Controller and Wiring |  | 8.6.8.15.20 Clearance Between Step and Skirt (Loaded Gap) |  |  |  |
| (8.14 and 10.14) Code data Plate |  | 8.6.8.15.21 Inspection and Control Devices |  |  |  |
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| **\*\*Manual-Reset Devices** |  |  |  |  |  |
|  |  | **Brake Torque: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FT/LBS** | | |  |
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| **ESCALATOR ONLY** |  | **COMB-STEP IMPACT SWITCHES** |  |  |  |
| **Loaded Gap: \_\_\_\_\_\_\_\_\_\_\_** |  | **Top Vertical: \_\_\_\_\_\_\_\_\_\_\_\_** |  | **Bottom Vertical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Step/Skirt Index:\_\_\_\_\_\_\_\_\_\_** |  | **Top Horizontal Left: \_\_\_\_\_\_\_\_\_\_\_** |  | **Bottom Horizontal Left: \_\_\_\_\_\_\_\_\_\_** |  |
|  |  | **Top Horizontal Center: \_\_\_\_\_\_\_\_\_\_** |  | **Bottom Horizontal Center: \_\_\_\_\_\_\_\_\_** |  |
|  |  | **Top Horizontal Right: \_\_\_\_\_\_\_\_\_\_** |  | **Bottom Horizontal Right: \_\_\_\_\_\_\_\_\_\_** |  |
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| **NOTES:** | | | | | |
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| **Name of Testing Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mechanic Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**  **Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Inspector Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ QEI #: \_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_**  **Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |