

Platform / Chairlift Test

State #	Location:	
Date:	Serial:	Pass Fail
Device Type	Platform _____ Chairlift _____ Vertical _____ Incline _____	
Cylinders and Piping 10.3.1.1	Platform Change: _____ in/15min	
Normal and Terminal Stopping Devices 10.3.1.5	Top Term Function: _____ Bottom Term Function: _____	
Safeties 10.3.1.2.2/ 10.3.1.2.1/A	Stopping Distance: _____ in. Platform level within: _____ in.	
Slack Rope / Chain Device 10.3.1.7	Device Function: _____	
Broken Rope –Chain Switch 10.3.1.6	Switch Function: _____	
Governors 10.3.3.2.1	Rope Pull Force: _____ lbs. Trip Speed: _____ ft/min	
Safeties – 100% Load 10.3.3.1	Stopping Distance: _____ in. Trip Speed _____ ft/min	
<i>Governor/Safeties – 100% Load 10.4.1</i>	<i>Stopping Distance:</i> _____ <i>in.</i> <i>Trip Speed</i> _____ <i>ft/min</i>	
<i>Terminal Stop Device – 125% Rated BTM 10.4.5.1</i>	<i>Top Function:</i> _____ <i>Bottom Function:</i> _____	
<i>Platform Speed--- ft/min 10.4.8</i>	<i>Up Load:</i> _____ <i>Dn Load</i> _____ <i>Up Empty:</i> _____ <i>Dn Empty</i> _____	
<i>Headroom</i>	<i>Clearance:</i> _____	
<i>Lighting (threshold/during operation 5fc)</i>	<i>illumination:</i> _____	
<i>Signage</i>	<i>Posten: Yes No</i>	
<i>Obstruction Device</i>	<i>Foundation:</i> _____	
<i>Inclination</i>	<i>Degree:</i> _____	
<i>Additional Devices</i>		

I certify that above tests were performed in my presence and in accordance with the requirements of AMSI 18.1 and Oklahoma Elevator Safety Act.

Contractor _____ Lic.# _____ Expires _____

Technician's #1 Name: _____ Lic.# _____ Expires _____

Witness Inspector: _____ Lic.# _____ Expires _____

CEI # _____ Expires _____