



PLATFORM & STAIRWAY LIFT INSPECTION FORM



Date: _____
 Code Edition: ASME A18.1 _____
 V/T/C _____
 ID # _____ Convey # _____

Phone _____ / Fax _____

Address _____ Unit _____ Inspection & Test Routine Periodic Acceptance
 Bldg. Name _____ Make _____ Power _____ FL/PT _____
 Bldg. Rep. _____ Speed _____ fpm Capacity _____ Em Ph _____
 Phone No. _____ Em Light _____

	OK	NG	NA		OK	NG	NA
10.2.2.1 INSIDE PLATFORM INSPECTIONS				10.2.2.3 INSIDE RUNWAY			
a. Stop Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Platform/Overhead/Deflector Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Operating Control Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Normal Terminal Stopping Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Floor and Landing Sill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Final Terminal Stopping Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Broken Rope, Chain, or Tape Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Emergency Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Counterweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Door or Gate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Head Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Enclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Slack Rope Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Traveling Sheave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Signals and Operating Symbols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Platform Safeties & Guiding Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Rated Load / Platform FL Area / Data Plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Runway Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Ride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k. Pipes, Wiring, & Ducts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2.2.2 MACHINE INSPECTIONS				l. Runway Clearances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Enclosure of Machine Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m. Traveling Cables & Junction Boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Guarding of Exposed Aux Eq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n. Door & Gate Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overhead Beam & Fastenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	o. Platform Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drive Machine Brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p. Guide Rails Fastenings & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Traction Drive Machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	q. Governor Rope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Gears and Bearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	r. Governor Releasing Carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Winding Drum Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s. Wire Rope Fastenings & Hitch Plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Belt or Chain Drive Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t. Suspension Rope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Traction Sheaves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	u. Compensation Ropes & Chains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Secondary & Deflector Sheaves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.2.2.4 OUTSIDE RUNWAY INSPECTIONS			
k. Rope Fastenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Runway Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Slack Rope Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Runway Door Locking Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Governor, Overspeed Device & Seal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Runway Enclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Platform Safeties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
o. Hydraulic Power Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
p. Control Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
q. Hydraulic Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

COMMENTS: _____ OK-meets requirement NG-insert number to identify comment NA-not applicable

THIS IS THE OFFICIAL INSPECTION FORM APPROVED BY THE OFFICE OF THE STATE FIRE MARSHAL, DIVISION OF ELEVATOR SAFETY. THE ELEVATOR SAFETY ACT PA 92-0873/120 MANDATES EACH CONVEYANCE BE INSPECTED ANNUALLY.

FAIL - RE-INSPECT IN _____ DAYS
 PASS - CONDITION GOOD-
 Approved for Certificate

 Elevator Co / Building Representative
 Elev Co Lic # IL _____
 Elev Mech Lic # IL _____

 Inspector's Signature
 Inspector QEI# _____
 Inspector's Lic # IL _____