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Wisconsin Department of Commerce

Periodic Hydraulic Elevator Test Record - Category 1

ASME A17.1 Section 8.11.3.2

Instructions: Please TYPE or PRINT CLEARLY the information requested on this form.

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m), Stats.]

Building Name	Owners Name	Registration Tag No.
Street Address	Address	Regulated Object ID.
City, State, Zip	City, State, Zip	Manufacturer

Use form SBD-3E-E for hydraulic elevator pressure tests required on conveyances with underground cylinders and a contract date prior to January 1,1994

1	Type: Passenger: ☐ Freight: ☐ Class:	☐ Hydraulic ☐ Sidewalk Elevator ☐ Private Residence Elevator ☐ Dumbwaiter ☐ Material Lift ☐ Special Purpose Personnel Elevator ☐ Inclined Elevator ☐ Rack-and-Pinion Elevator ☐ Limited-Use/Limited-Application Elevator
2	Rated Capacity: lbs.	Rated Speed: (up) Operating Speed: (down) Leveling Speed:

	8.11.3.2 Periodic Inspection and Test Requirements: Category 1	Is test satisfactory?	Date of Test:
3	8.11.3.2.3 (a) Normal Terminal Stopping Devices	Yes ☐ No ☐ n/a ☐	
4	8.11.3.2.3 (b) Governors, Overspeed Switch, and Seals	Yes ☐ No ☐ n/a ☐	
5	8.11.3.2.3 (c) Safeties: **(No Load)** Type: A ☐ B ☐ C ☐	Yes ☐ No ☐ n/a ☐	
6	8.11.3.2.3 (d) Oil Buffers	Yes ☐ No ☐ n/a ☐	
7	8.11.3.2.3 (e) Firefighter's Emergency Operation	Yes ☐ No ☐ n/a ☐	
8	8.11.3.2.3 (f) Standby Power Operation **(No Load)**	Yes ☐ No ☐ n/a ☐	
9	8.11.3.2.3 (g) Power Operations of Door System	Yes ☐ No ☐ n/a ☐	
10	8.11.3.2.3 (h) Emergency Terminal Speed Reducing Devices	Yes ☐ No ☐ n/a ☐	
11	8.11.3.2.3 (i) Low Oil Protection Operation	Yes ☐ No ☐ n/a ☐	
12	8.11.3.2.4 Flexible Hose and Fitting Assemblies	Yes ☐ No ☐ n/a ☐	
13	8.11.3.2.5 Pressure Switch	Yes ☐ No ☐ n/a ☐	
14	If test(s) proved unsatisfactory indicate reason:		

ASME A17.1 Requirement 8.11.1.6: A metal test tag with the test date, the requirement number requiring the test, and the name of the person or firm performing the test shall be installed in each machine room.

Tests shall also be recorded in the Maintenance Record.

The Above Tests Were Performed In Compliance With ASME A17.1 and Comm. 18			
Firm Performing Tests	Address	City, State, Zip	Date of Test Submission
Name and License Number of Person Performing Tests (Print)		Signature of Person Performing Tests	

Do NOT Send This Form to the Dept of Commerce or Agents of the Dept. Insert Completed Form Into Maintenance Record. One copy to be retained by owner or tenant