

Periodic Escalator & Moving Walk Test Record - Category 1

ASME A17.1 Section 8.11.4.2

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-6-E for Step/Skirt index and Loaded Gap tests.

1	Type: Escalator: <input type="checkbox"/>	Moving Walk: <input type="checkbox"/>	
2	Rated Capacity: lbs.	Rated Speed: (up)	Operating Speed: (down)
8.11.4.2 Periodic Inspection and Test Requirements: Category 1			Is test satisfactory? Date of Test:
3	8.11.4.2.1 Machine Space	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
4	8.11.4.2.2 Stop Switch	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
5	8.11.4.2.3 Controller and Wiring	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
6	8.11.4.2.4 Drive Machine and Brake	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
7	8.11.4.2.5 Speed Governor	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
8	8.11.4.2.6 Broken Drive Chain Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
9	8.11.4.2.7 Reversal Stop Switch	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
10	8.11.4.2.8 Broken Step Chain or Treadway Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
11	8.11.4.2.9 Step Upthrust Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
12	8.11.4.2.10 Missing Step or Pallet Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
13	8.11.4.2.11 Step or Pallet Level Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
14	8.11.4.2.12 Steps, Pallet, Step or Pallet Chain, and Trusses	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
15	8.11.4.2.13 Handrail Safety Systems	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
16	8.11.4.2.14 Heaters	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
17	8.11.4.2.15 Permissible Stretch in Escalator Chains	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
18	8.11.4.2.16 Disconnected Motor Safety Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
19	8.11.4.2.17 Response to Smoke Detectors	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
20	8.11.4.2.18 Comb-Step or Comb-Pallet Impact Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
21	8.11.4.2.21 Inspection control devices	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	
22	8.11.4.2.22 Step Lateral Displacement Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	

If test(s) proved unsatisfactory indicate reason:

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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**