

INSTRUCTIONS FOR MAINTENANCE AND TESTING CHECKLIST

Please Read Carefully

General

This checklist reflects the **minimum routine** maintenance and testing standards that apply to your **electric** passenger and freight elevators.

Not all of the items that appear on this checklist will be applicable to your equipment. A licensed elevator contractor is capable of assisting you in determining those items that pertain to your equipment. Check the “N/A” box for all items that **do not apply**.

Item numbers (e.g. Item 1.1, 2.12, etc.) found in the description column refer to **ASME A17.2, Guide for Inspection of Elevators, Escalators and Moving Walks**. This guide provides information on how to perform routine maintenance checks and periodic tests. (Available through the Tech Bookstore; 800-ASK-BOOK)

The checklist is to be kept in the respective elevator machine room in clear view and kept up-to-date. **You will need one checklist for each elevator per year.**

Who Should Perform Elevator Maintenance and Testing?

Only properly licensed elevator personnel or owner-authorized personnel are allowed to perform maintenance and tests on elevator equipment.

Please refer to the **shaded** items in the description column on the checklist. The shaded items may be performed by persons authorized by the building owner. The items not shaded can only be performed by **licensed elevator personnel**.

Any owner-authorized person performing maintenance items *must* know how to perform the maintenance evaluation and be capable of recognizing incorrect elevator standards or operation. Corrections in operation or other repairs must be performed by **licensed elevator personnel** employed by a **licensed elevator contractor**.

Filling Out the Checklist The owner is responsible for ensuring the checklist is kept current. The person or firm performing the required items must be indicated on the checklist. Where there is insufficient room to enter all information on the checklist, a

separate sheet or log book may be used. The log book entry should clearly reference the checklist item number found after each maintenance and test description entry. In all cases, the date (mm/dd or mm/yyyy as applicable) must be entered on the checklist.

The small checkbox () following the item description is to be checked **only** if the task was performed by owner-authorized personnel. Leave the box unchecked if the item was performed by licensed elevator personnel.

Example: Routine Checklist Entries

N/A	(1 st) Jan-Jun	(2 nd) Jul-Dec	Description
<input type="checkbox"/>	4/25	10/15	Door reopening device (Item 1.1) <input checked="" type="checkbox"/> (Note: owner performed)
<input type="checkbox"/>	3/26	9/22	Power closing of doors or gates (Item 1.9) <input type="checkbox"/> (Note: performed by elevator personnel)
<input type="checkbox"/>	3/26 26 lb.	9/22 26 lb.	Door closing force (Item 1.8)
<input type="checkbox"/>	5/22	11/16	Controller wiring, fuses, grounding, etc. (Item 2.12)

When measurements are required, they should be entered in the date box associated with the item. For example, the pressure relief reading should be entered as noted in the following example:

Example: Checklist Entry & Measurement

N/A	Date Due	Date Tested	Description
<input type="checkbox"/>	12/2003	11/2003 550 psi	8.11.3.2.1 Relief Valve Setting and System Pressure Test.

Additional Record Keeping

The owner is also required to provide a means to document trouble calls and other information that pertain to the operational history of the elevator. The documentation must also describe abnormalities that were discovered or occurred during routine maintenance checks and tests and what was done to correct the abnormalities.

This log should be kept on site and preferably in the elevator machine room. There is currently no particular format for keeping this information.

New checklists will be available online at www.bcd.oregon.gov or may be obtained from this office by calling (503) 373-1298.



ELECTRIC ELEVATOR

Minimum Maintenance & Test Standards; ASME A17.1, 2004, Section 8.11

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Site Name: _____ Maintenance Company: _____

Calendar Year: _____ Code Date: ____ / ____ / ____
mm / yyyy

State ID #: _____ Bldg. ID: _____

Rule 8.11.2.1 Inspection and Test Periods

The routine inspection and tests of passenger and freight electric elevators shall be made at intervals no greater than 6 months.

N/A	(1 st) Jan-Jun	(2 nd) Jul-Dec	Description
8.11.2.1.1 Inside Car Inspections			
<input type="checkbox"/>			(a) Door Reopening Device (Item 1.1) <input type="checkbox"/>
<input type="checkbox"/>			(b) Stop Switches (Item 1.2) <input type="checkbox"/>
<input type="checkbox"/>			(c) Operating Control Devices (Item 1.3) <input type="checkbox"/>
<input type="checkbox"/>			(d) Car Floor and Landing Sill (Item 1.13) <input type="checkbox"/>
<input type="checkbox"/>			(e) Car Lighting (Item 1.5) <input type="checkbox"/>
<input type="checkbox"/>			(f) Car Emergency Signal (Item 1.6) <input type="checkbox"/>
<input type="checkbox"/>			(g) Car Door or Gate (Item 1.7)
<input type="checkbox"/>			(h) Door Closing Force (Item 1.8)
<input type="checkbox"/>			(i) Power Closing of Doors or Gates (Item 1.9) <input type="checkbox"/>
<input type="checkbox"/>			(j) Power Opening of Doors or Gates (Item 1.10)
<input type="checkbox"/>			(k) Car Vision Panels and Glass Car Doors (Item 1.11) <input type="checkbox"/>
<input type="checkbox"/>			(l) Car Enclosure (Item 1.12) <input type="checkbox"/>
<input type="checkbox"/>			(m) Emergency Exit (Item 1.13)
<input type="checkbox"/>			(n) Ventilation (Item 1.14) <input type="checkbox"/>
<input type="checkbox"/>			(o) Signs & Operating Device Symbols (Item 1.15) <input type="checkbox"/>
<input type="checkbox"/>			(p) Rated Load, Platform Area, and Data Plate (Item 1.16) <input type="checkbox"/>
<input type="checkbox"/>			(q) Standby Power Operation (Item 1.17)
<input type="checkbox"/>			(r) Restricted Opening of Car or Hoistway Doors (Item 1.18)
<input type="checkbox"/>			(s) Car Ride (Item 1.19) <input type="checkbox"/>
<input type="checkbox"/>			(t) Door Monitoring Systems (2.26.5)
<input type="checkbox"/>			(u) Stopping Accuracy (2.26.11) <input type="checkbox"/>
8.11.2.1.2 Machine Room/Space Inspections			
<input type="checkbox"/>			(a) Access to Machine Space (Item 2.1) <input type="checkbox"/>
<input type="checkbox"/>			(b) Headroom (Item 2.2) <input type="checkbox"/>
<input type="checkbox"/>			(c) Lighting and Receptacles (Item 2.3) <input type="checkbox"/>
<input type="checkbox"/>			(d) Enclosure of Machine Space (Item 2.4)
<input type="checkbox"/>			(e) Housekeeping (Item 2.5) <input type="checkbox"/>
<input type="checkbox"/>			(f) Ventilation (Item 2.6) <input type="checkbox"/>
<input type="checkbox"/>			(g) Fire Extinguisher (Item 2.7) <input type="checkbox"/>
<input type="checkbox"/>			(h) Pipes, Wiring, and Ducts (Item 2.8) <input type="checkbox"/>
<input type="checkbox"/>			(i) Guarding of Exposed Auxiliary Equipment (Item 2.9)
<input type="checkbox"/>			(j) Numbering of Elevators, Machines, and Disconnect Switches (Item 2.10) <input type="checkbox"/>

<input type="checkbox"/>		(k) Disconnecting Means and Control (Item 2.11) <input type="checkbox"/>
<input type="checkbox"/>		(l) Controller Wiring, Fuses, Grounding, Etc. (Item 2.12)
<input type="checkbox"/>		(m) Static Control (Item 2.15)
<input type="checkbox"/>		(n) Overhead Beam and Fastenings (Item 2.16)
<input type="checkbox"/>		(o) Drive Machine Brake (Item 2.17)
<input type="checkbox"/>		(p) Traction Drive Machines (Item 2.18)
<input type="checkbox"/>		(q) Gears and Bearings (Item 2.19)
<input type="checkbox"/>		(r) Winding Drum Machine (Item 2.20)
<input type="checkbox"/>		(s) Belt or Chain-Drive Machine (Item 2.21)
<input type="checkbox"/>		(t) Motor Generator (Item 2.22)
<input type="checkbox"/>		(u) Absorption of Regenerated Power (Item 2.23)
<input type="checkbox"/>		(v) AC Drives from a DC Source (Item 2.24)
<input type="checkbox"/>		(w) Traction Sheaves (Item 2.25)
<input type="checkbox"/>		(x) Secondary and Deflector Sheaves (Item 2.26)
<input type="checkbox"/>		(y) Rope Fastenings (Item 2.27)
<input type="checkbox"/>		(z) Terminal Stopping Dev. (Item 2.28)
<input type="checkbox"/>		(aa) Slack Rope Devices (Item 2.20)
<input type="checkbox"/>		(bb) Governor, Overspeed Switch, and Seal (Item 2.13)
<input type="checkbox"/>		(cc) Car and Counterweight Safeties (Item 2.29)
<input type="checkbox"/>		(dd) Code Data Plate (2.14)
8.11.2.1.3 Top-of-Car Inspections		
<input type="checkbox"/>		(a) Top-of-Car Stop Switch (Item 3.1)
<input type="checkbox"/>		(b) Car Top Light and Outlet (Item 3.2)
<input type="checkbox"/>		(c) Top-of-Car Operating Device and Working Platforms (Item 3.3)
<input type="checkbox"/>		(d) Top-of-Car Clearance and Refuge Space (Item 3.4)
<input type="checkbox"/>		(e) Top Counterweight Clearance (Item 3.24)
<input type="checkbox"/>		(f) Car, Overhead, and Deflector Sheaves (Item 3.25)
<input type="checkbox"/>		(g) Normal Terminal Stopping Devices (Item 3.5)
<input type="checkbox"/>		(h) Final Terminal Stopping Devices (Item 3.6)
<input type="checkbox"/>		(i) Broken Rope, Chain, or Tape Switch (Item 3.26)
<input type="checkbox"/>		(j) Car Leveling Devices (Item 3.7)
<input type="checkbox"/>		(k) Crosshead Data Plate (Item 3.27)
<input type="checkbox"/>		(l) Top Emergency Exit (Item 3.8)
<input type="checkbox"/>		(m) Counterweight and Counterweight Buffer (Item 3.28)
<input type="checkbox"/>		(n) Counterweight Safeties (Item 3.29)
<input type="checkbox"/>		(o) Floor, and Emergency Identification Numbering (Item 3.9)
<input type="checkbox"/>		(p) Hoistway Construction (Item 3.10)
<input type="checkbox"/>		(q) Hoistway Smoke Control (Item 3.11)



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Site Name: _____ Maintenance Company: _____

N/A	(1 st) Jan-Jun	(2 nd) Jul-Dec	Description
<input type="checkbox"/>			(r) Pipes, Wiring, and Ducts (Item 3.12)
<input type="checkbox"/>			(s) Windows, Projections, Recesses, and Setbacks (Item 3.13)
<input type="checkbox"/>			(t) Hoistway Clearances (Item 3.14)
<input type="checkbox"/>			(u) Multiple Hoistways (Item 3.15)
<input type="checkbox"/>			(v) Traveling Cables and Junction Boxes (Item 3.16)
<input type="checkbox"/>			(w) Door and Gate Equipment (Item 3.17)
<input type="checkbox"/>			(x) Car Frame and Stiles (Item 3.18)
<input type="checkbox"/>			(y) Guide Rails Fastening and Equipment (Item 3.19)
<input type="checkbox"/>			(z) Governor Rope (Item 3.20). Governor ropes should be inspected and replaced as outlined for traction elevator suspension and compensating ropes.
<input type="checkbox"/>			(aa) Governor Releasing Carrier (Item 3.21)
<input type="checkbox"/>			(bb) Wire Rope Fastening and Hitch Plate (Item 3.22)
<input type="checkbox"/>			(cc) Suspension & Compensating Rope (Item 3.23)
Rope Type		A*	B*
6 x 19		24-30	8-12
8 x 19		32-40	10-16
		C	12-20
*The upper limits may be used when inspections are made monthly by a competent person.			
NOTE [Table 8.11.2.1.3]: 6 x 19 class rope has 6 strands with 16 to 26 wires per strand. 8 x 19 class rope has 8 strands with 16 to 26 wires per strand.			
<input type="checkbox"/>			(dd) Compensation Ropes and Chains (Item 3.34)
8.11.2.1.4 Outside Hoistway Inspections			
<input type="checkbox"/>			(a) Car Platform Guard (Item 4.1)
<input type="checkbox"/>			(b) Hoistway Doors (Item 4.2)
<input type="checkbox"/>			(c) Vision Panels (Item 4.3) <input type="checkbox"/>
<input type="checkbox"/>			(d) Hoistway Door Locking Devices (Item 4.4)
<input type="checkbox"/>			(e) Access to Hoistway (Item 4.5)
<input type="checkbox"/>			(f) Power Closing of Hoistway Doors (Item 4.6)
<input type="checkbox"/>			(g) Sequence Operation (Item 4.7) <input type="checkbox"/>
<input type="checkbox"/>			(h) Hoistway Enclosure (Item 4.8) <input type="checkbox"/>
<input type="checkbox"/>			(i) Elevator Parking Devices (Item 4.9)
<input type="checkbox"/>			(j) Emergency Doors Blind Hoistways (Item 4.10)
<input type="checkbox"/>			(k) Separate Counterweight Hoistway (Item 4.11)
<input type="checkbox"/>			(l) Standby Power Section Switch (Item 4.12) <input type="checkbox"/>
8.11.2.1.5 Pit Inspection			
<input type="checkbox"/>			(a) Pit Access, Lighting, and Stop Switch and Condition (Item 5.1)
<input type="checkbox"/>			(b) Bottom Clearance and Runby (Item 5.2)
<input type="checkbox"/>			(c) Car and Counterweight Buffer (Item 5.9)

N/A	(1 st) Jan-Jun	(2 nd) Jul-Dec	Description
<input type="checkbox"/>			(d) Final Terminal Stopping Devices (Item 5.3)
<input type="checkbox"/>			(e) Normal Terminal Stopping Devices (Item 5.4)
<input type="checkbox"/>			(f) Traveling Cables (Item 5.5)
<input type="checkbox"/>			(g) Governor-Rope Tension Devices (Item 5.6)
<input type="checkbox"/>			(h) Compensating Chains, Ropes, and Sheaves (Item 5.10)
<input type="checkbox"/>			(i) Car Frame and Platform (Item 5.7)
<input type="checkbox"/>			(j) Car Safeties and Guiding Members (Item 5.8)
Rule 8.11.2.2 Category One Test Requirements			
N/A	Date Due	Date Performed	Test Description
<input type="checkbox"/>			8.11.2.2.1 Oil Buffers
<input type="checkbox"/>			8.11.2.2.2 Safeties
<input type="checkbox"/>			8.11.2.2.3 Governors
<input type="checkbox"/>			8.11.2.2.4 Slack-Rope Devices on Winding Drum Machines
<input type="checkbox"/>			8.11.2.2.5 Normal and Final Terminal Stopping Devices
<input type="checkbox"/>			8.11.2.2.6 Firefighters' Service (Include smoke detectors annually) <input type="checkbox"/>
<input type="checkbox"/>			8.11.2.2.7 Standby Power Operation <input type="checkbox"/>
<input type="checkbox"/>			8.11.2.2.8 Power Operation of Door System
<input type="checkbox"/>			8.11.2.2.9 Broken Rope, Tape, or Chain Switch
<input type="checkbox"/>			8.11.2.2.10 Seismic Devices (Oregon Amendment)
<input type="checkbox"/>			8.11.2.2.11 Rope Brakes (Oregon Amendment)
Rule 8.11.2.3 Category Five Test Requirements			
<input type="checkbox"/>			8.11.2.3.1 Car and Counterweight Safeties
<input type="checkbox"/>			8.11.2.3.2 Governors
<input type="checkbox"/>			8.11.2.3.3 Oil Buffers
<input type="checkbox"/>			8.11.2.3.4 Braking System
<input type="checkbox"/>			8.11.2.3.5 Emergency & Standby Power Operation
<input type="checkbox"/>			8.11.2.3.6 Emergency Terminal Stopping and Speed Limiting Devices
<input type="checkbox"/>			8.11.2.3.7 Power Opening of Doors
<input type="checkbox"/>			8.11.2.3.8 Leveling Zone and Leveling Speed
<input type="checkbox"/>			8.11.2.3.9 Inner Landing Zone
<input type="checkbox"/>			8.11.2.3.10 Emergency Stopping Distance
Quarterly Fire Service Test (8.6.10.1)			
	Jan-Mar	Apr-Jun	Jul-Sep
	Oct-Dec		

Shaded items are "Routine Inspections" that may be performed by the owner. Some measuring devices will be required. Enter measurements and other readings in the date column when applicable.

TROUBLE CALL LOG, MAINTENANCE, REPAIR AND TEST DOCUMENTATION

Item:	Trouble Call <input type="checkbox"/>	Maintenance/Repair <input type="checkbox"/>	Test Documentation <input type="checkbox"/>	Other <input type="checkbox"/>
Date: / /	Time in: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time out: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Work description:				
Work performed by: <input type="checkbox"/> Owner/Owner Rep. <input type="checkbox"/> Elevator Contractor Tech. <input type="checkbox"/> Other: _____				

Item:	Trouble Call <input type="checkbox"/>	Maintenance/Repair <input type="checkbox"/>	Test Documentation <input type="checkbox"/>	Other <input type="checkbox"/>
Date: / /	Time in: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time out: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Work description:				
Work performed by: <input type="checkbox"/> Owner/Owner Rep. <input type="checkbox"/> Elevator Contractor Tech. <input type="checkbox"/> Other: _____				

Item:	Trouble Call <input type="checkbox"/>	Maintenance/Repair <input type="checkbox"/>	Test Documentation <input type="checkbox"/>	Other <input type="checkbox"/>
Date: / /	Time in: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time out: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Work description:				
Work performed by: <input type="checkbox"/> Owner/Owner Rep. <input type="checkbox"/> Elevator Contractor Tech. <input type="checkbox"/> Other: _____				

Item:	Trouble Call <input type="checkbox"/>	Maintenance/Repair <input type="checkbox"/>	Test Documentation <input type="checkbox"/>	Other <input type="checkbox"/>
Date: / /	Time in: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time out: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Work description:				
Work performed by: <input type="checkbox"/> Owner/Owner Rep. <input type="checkbox"/> Elevator Contractor Tech. <input type="checkbox"/> Other: _____				

Item:	Trouble Call <input type="checkbox"/>	Maintenance/Repair <input type="checkbox"/>	Test Documentation <input type="checkbox"/>	Other <input type="checkbox"/>
Date: / /	Time in: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time out: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Work description:				
Work performed by: <input type="checkbox"/> Owner/Owner Rep. <input type="checkbox"/> Elevator Contractor Tech. <input type="checkbox"/> Other: _____				

Create as many copies of this page as you need.

Trouble call: Included any information related to the cause and correction of a malfunction.

Maintenance/Repair: Include any items that required correction that were discovered during a routine maintenance visit and any measurements or other readings required to be taken.

Test Documentation: Describe any abnormalities discovered during testing and the corrections taken.