

**Category 5 Periodic Tests**  
**(ASME A17.1 Rules 8.11.2.3.3 – 811.2.3.10)**

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

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

1	Type of Elevator	Passenger: <input type="checkbox"/>	Freight: <input type="checkbox"/>	Class:	
2	Rated Capacity:	lbs.	Rated Speed: (up)	Operating Speed: (down)	Leveling Speed:
3	8.11.2.3.3 Oil Buffers:	Car: <input type="checkbox"/>	Counterweight: <input type="checkbox"/>	Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Test:
3a	Remarks:				
4	8.11.2.3.4 Braking System (with 125% rated load).		Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Test:
4a	Remarks:				
5	8.11.2.3.5 Emergency and Standby Power Operation (with 125% rated load).		Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Test:
5a	Remarks:				
6	8.11.2.3.6 Emergency Terminal Stopping and Speed Limiting Devices.		Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Test:
6a	Remarks:				
7	8.11.2.3.7 Power Opening of Doors.		Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Test:
7a	Remarks:				
8	8.11.2.3.8 Leveling Zone and Leveling Speed.		Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Test:
8a	Remarks:				
9	8.11.2.3.9 Inner Landing Zone.		Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Test:
9a	Remarks:				
10	8.11.2.3.10 Emergency Stopping Distance (with 125% rated load).		Is test satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Test:
10a	Remarks:				
11	8.11.1.6 Test Tags.	A metal tag with the applicable code requirement(s) and date(s) performed, and the name of the person or firm performing the test, shall be installed in the machine room or machine space for all periodic tests.			

<b>The Above Tests Were Performed in Compliance With ASME A17.1 Section 8.11.2.3 And Comm. 18</b>			
Firm Performing Tests	Address	City, State, Zip	Date of Test Submission
Name of Person Performing Tests (Print)		Signature of Person Performing Tests	

**Reports Shall Be Filed With the Department of Commerce Within 15 (Fifteen) Days of Performing Test.**

**Copy Distribution: One copy to be retained by firm or person performing test**  
**One copy to be sent to Safety And Buildings Division, P.O. Box 7302, Madison, WI 53707-7302**  
**One copy to be retained by owner or tenant**