

APPENDIX A

The material contained in this appendix is for clarification purposes only. The following are examples of forms SBD-22-Application to Erect or Remodel, SBD-7316-Application to Erect or Remodel Lift for Disabled, SBD-2D-Elevator Inspection, SBD-2E-Test Report and SBD-252-Certificate of Operation. Also included is the fee schedule for elevators, power dumbwaiters, escalators, moving walks and ramps and lifts for the people with disabilities.

WISCONSIN ADMINISTRATIVE CODE

APPENDIX A

Wisconsin Department of Industry,
Labor and Human Relations

**ERECT OR REMODEL
LIFT EQUIPMENT APPLICATION**

Safety & Buildings Division
Elevator Section
P.O. Box 7969, Madison, WI 53707
(608) 267-9606

s. 101.12(1)(c)

Passenger Elevator	Freight Elevator	Limited Use	Stage Lift	Dumbwaiter	Speedwalk	Escalator	Spl. Purpose Elevator	Material Lift
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Application is now made to the Department of Industry, Labor and Human Relations for permission to ERECT REMODEL the item checked above in accordance with the following detailed statement and attached plans, and subject to the orders of the Department. The installation will include details set forth below and is also to include all orders as required by the elevator code of the Department. **NOTE:** Plans MUST include ALL of the following:

1. Sectional plan of car and hoistway;
2. Sectional elevation of hoistway, penthouse (showing machinery) and pit;
3. Plans of machine and support, showing details of materials, size and bearing size of beams, etc. If the hoistway has more than one entrance on any floor, all entrances must be shown. (Typical entrances must be so noted.)
4. Submit verification of plan or alteration approval from Safety and Buildings Division (copy of approval letter)

DATE OF CONTRACT _____

1	User Name			IF USER IS NOT THE OWNER, PROVIDE AT RIGHT	Owner Name			
2	Number & Street				Number & Street			
3	City	State	Zip Code		City	State	Zip Code	
4	Building Used For (occupancy):			Which Floor is Main Floor?	Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of Landings:	
5	Total Travel: Ft. In.	Rated Load:	Rated Speed:	Hoistway Size:	Car Size:	Hoistway, Enclosure of:	Basement, Enclosure of:	
6	Hoistway Door Type:	No. of Doors:	How Doors Operated?	Locking Device For Doors:		Hoistway Door Unlocking Device:		
7	Stationary or Retiring Com?	Height of Landing Gates:		Locking Device For Gate:		No. of Car Entrances: <input type="checkbox"/> 1 <input type="checkbox"/> 2		
8	Car Gates or Doors?	Electric Contacts:	Portals, Doors, Guards:	Facia Plates:		Pit Depth: Ft. In.		
9	Top-run by: Inches	Bottom-run by: Inches	Overhead Clearance:	Pit Switch:	Pit Ladder:	No. of Buffers:		
10	Type of Buffers:	Size of Buffers:	Counterweight Guards:	Guide Rails of:		Size of Guide Rails: Car Cnt.		
11	Signal Systems <input type="checkbox"/> Phone <input type="checkbox"/> Emergency <input type="checkbox"/> 2-Way Conversation Compartment Call Bell Outside Hoistway <input type="checkbox"/> Bell Outside <input type="checkbox"/> Communicate or Signal Building Fire, Police or Dispatch Service			Emergency Control: <input type="checkbox"/> Key Return <input type="checkbox"/> Control <input type="checkbox"/> Smoke Sensing Control		Accessibility Requirements Provided For? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12	Machine Location:		Type and Make:		Kind of Power:		H.P.	Current:
13	Volts:	Amperes:	Cycles:	Phase:	Type of Operation:		Service Disconnect Switch:	
14	Brake Type: <input type="checkbox"/> Yes <input type="checkbox"/> No		Limit Switches:		Car Top Operating Device?		Slack Cable Switch:	
15	No. of Hoisting Cables:		Size Cables:	Material of Cables:				
16	Safety Devices, Type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Manufacturer's No.	Speed Governor Type:	Manufacturer's No.		Approved Capacity:	
17	Car Weight:		Car Weight With Rated Load:		Hydraulic Pressure:	Elevator Manufacturer:		
18	Unit To Be Installed By:						Wisconsin Registration No.	

NOTE: Plan review fee is to be submitted with this application. Please determine the proper fees and enter below.

19	Total Cost To Purchase:	Plan Examination Or Remodel Fee (1.5% of total cost)	Plan Fee	\$ _____
	Total Cost X .015 = Fee Due (enter at right)			\$ _____
21	I certify that the above statements are true and accurate to the best of my knowledge and belief Applicant Signature _____ Date Signed _____			Total Fee (\$200 minimum) \$ _____

SBD-22 (R. 05/92)

Wisconsin Department of Industry,
Labor and Human Relations
Safety & Buildings Division

**APPLICATION TO ERECT OR REMODEL
LIFT FOR DISABLED**

Elevator Section
P O Box 7969
Madison, WI 53707
(608) 267-9606

s. 101.12(1)(c)

Submitted for (check one item): Vertical Wheel Chair Inclined Wheel Chair Stairway Chair

Application is made to the Department of Industry, Labor & Human Relations for permission to: Erect REMODEL the item checked above in accordance with the following detailed statement and attached plans, and subject to the orders of the Department. The installation will include details shown below and is also to include all orders as required by the elevator code of the department.

Date of Contract: _____

User Name			IF USER IS NOT THE OWNER, PROVIDE AT RIGHT	Owner Name		
Number & Street				Number & Street		
City	State	Zip Code		City	State	Zip Code

- Check type of occupancy building is used for:

<input type="checkbox"/> Factory	<input type="checkbox"/> Tavern or dining (greater than 100 persons)	<input type="checkbox"/> Library/Museum
<input type="checkbox"/> Office	<input type="checkbox"/> Tavern or dining (less than 100 persons)	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Retail	<input type="checkbox"/> Theater	<input type="checkbox"/> Apt. Bldg./Condo
<input type="checkbox"/> Church	<input type="checkbox"/> School	<input type="checkbox"/> Other (describe) _____
- Submit verification of plan or alteration approval from Safety and Buildings Division (copy of approval letter).
- When located on stairway, specify width measured from:

a. Wall-to-wall	_____
b. Handrail-to-handrail	_____
c. Handrail-to-wall	_____
- Submit a plan or drawing with this application showing:
 - Floor area including all dimensions of floor served by a lift;
 - All exits and exit stairways, including widths specified in #3. above; and
 - Proposed location of lift (for required exit stairways, on right side ascending).
- In addition to #4. above, final submittal for plan approval shall include:
 - Plan view of hoistway (where present) showing all dimensions and clearances; and
 - Vertical section of car and hoistway with all dimensions including overhead clearances.

Total Travel ___ Stories ___ Feet	Rated Load	Rated Speed	Hoistway, Size	Car, Size	Type A Safety Device <input type="checkbox"/> Yes <input type="checkbox"/> No	Overspeed Governor Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Hoistway Door, Type	No. of Doors	How Doors Operated		Locking Devices for Doors	Hoistway Door Unlocking Device <input type="checkbox"/> Yes <input type="checkbox"/> No	
Overhead Clearance	Height of Landing Gates	No. of Landing Gates		Locking Device for Gates	No. of Car Entrances <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Car Gates or Doors	Electric Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No	Power Operated <input type="checkbox"/> Yes <input type="checkbox"/> No	Toeguard <input type="checkbox"/> Yes <input type="checkbox"/> No	Facia Plates <input type="checkbox"/> Yes <input type="checkbox"/> No	Size Hoisting Cables	No. of Hoisting Cables
Unit Manufactured By		Unit To Be Installed By			Wisconsin Registration Number	

NOTE: The plan review or remodel fee is to be submitted with this application. Please determine the proper fees and enter below.

Total Cost To Purchase:	Plan Examination Or Remodel Fee (1.5% of total cost)		
▶ \$ _____	Total Cost X .015 = Fee Due (enter at right)	▶	\$ _____
I certify that the above statements are true and accurate to the best of my knowledge and belief		Total Fee (\$200 minimum) ▶ \$ _____	
Applicant Signature _____		Date Signed _____	

SBD-7316 (R 05/92)

APPENDIX A

Wisconsin Department of Industry,
Labor and Human Relations
Safety and Buildings Division

ELEVATOR INSPECTION REPORT

Elevator Section
P.O. Box 7969
Madison, WI 53707
(608) 267-9606

Region	Occupant	File No. E -	Y Date	A Date
	Street and Number	City	Registration No.	
Description - Type of Unit		A17.1	Owner or Agent and Address	
No. of Car Entrances	No. of Landings	Class No.	St	
211.3	Detectors Tested?			
No. of Cables	Size of Cables	Capacity (lbs)	Hydraulic	Speed (F.P.M.)
				Inspection Date
Contact Person (Name & Title)				Compliance Date
		CO	NC	Reinspection Date
				1.
				2.
				3.
Elevator Inspector				4.

Item No.	Code Section ILHR	CN	REQUIREMENTS

SAMPLE

540-20 (R 04/88) **IMPORTANT:**

- Please report in writing when orders are completed. **AVOID DELAY.**
- Forfeiture for violations are \$10 to \$100 for each day and for each violation.
- Keep us informed. Call (608) 267-9606 with any questions.
- Please include registration number with any correspondence regarding this report

Wisconsin Department of Industry,
Labor and Human Relations
Safety and Buildings Division

**SAFETY DEVICE AND GOVERNOR
TEST REPORT**

Elevator Safety Section
P.O. Box 7969
Madison, WI 53707
(608) 267-3576

(In compliance with Elevator Code Sections ILHR 18 and A17.1 1002.3)

Safety Test Run Away Test

City	Premises	State Registration Number
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Occupant _____

Owner or Agent	Owner/Agent Address
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1. Rated Capacity _____ lbs. Rated Speed _____ F.P.M. Pass. _____ Frt. _____

2. Machine Drum Type _____ Traction _____ Safety Manufacturer Name _____
Governor Manufacturer Name _____

3. Type Safety (circle one): Instantaneous; Wedge-clamp; Gradual wedge-clamp; Flexible-guide-clamp;
Combination Instantaneous and Oil Buffer.

4. Before the safety test is made, the governor shall be checked for correct tripping speed. Governor set to trip
at _____ F.P.M. Actual Car Speed _____

5. Was safety tested with contract load in the car? Yes No If no, pounds tested? _____

6. Governor Rope: Manila; 6 x 19 _____ Iron or Steel; Size _____
Condition or governor rope or cable after test _____

7. Length of marks on guide rails made by safety jaws: R.H. Rail _____"
L.H. Rail _____"

8. Did car set out of level? Yes No If yes, inches out of level _____

9. Did governor set satisfactorily? Yes No Remarks _____

10. Did safety test prove satisfactory? Yes No Remarks _____

11. Was the tag fastened to the governor release carrier? Yes No

The above safety and governor tests were made in compliance with the Wisconsin Administrative Code Sections
ILHR 18 and A17.1 1002.3 and proved satisfactory.

Firm Performing test _____

Tester's Signature _____ Date Tested _____

**REPORTS SHALL BE FILED WITH THE DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS WITHIN FIFTEEN (15)
DAYS AFTER THE TEST DATE.**

Copy Distribution: Green - To be retained by firm or person performing tests.
Pink - To be sent to the Safety & Buildings Division, P.O. Box 7969, Madison, WI 53707
Yellow - To be retained by owner or tenant.

CERTIFICATE OF OPERATION

DEPARTMENT OF INDUSTRY, LABOR & HUMAN RELATIONS CERTIFICATE OF OPERATION		SAFETY & BUILDINGS DIVISION P.O. Box 7969 Madison, WI 53707 Phone:											
For	Registration No.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%;">FILE NUMBER</td> </tr> <tr> <td colspan="2">INSPECTING AGENCY NAME</td> </tr> <tr> <td colspan="2">AGENCY PHONE NUMBER</td> </tr> <tr> <td colspan="2">AUTHORIZED INSPECTOR</td> </tr> <tr> <td>INSPECTION DATE</td> <td>CERTIFICATION EXPIRES</td> </tr> </table>			FILE NUMBER	INSPECTING AGENCY NAME		AGENCY PHONE NUMBER		AUTHORIZED INSPECTOR		INSPECTION DATE	CERTIFICATION EXPIRES
	FILE NUMBER												
INSPECTING AGENCY NAME													
AGENCY PHONE NUMBER													
AUTHORIZED INSPECTOR													
INSPECTION DATE	CERTIFICATION EXPIRES												
THIS IS TO CERTIFY THAT THE EQUIPMENT DESCRIBED MEETS APPLICABLE STANDARDS OF THE WISCONSIN ADMINISTRATIVE CODE CHAPTER ILHR													
ISSUED TO	SAMPLE		ISSUED BY 										

SD-257 (R. 07-89)

PLEASE POST ON PREMISES

FEEES FOR ELEVATORS AND RELATED EQUIPMENT

ILHR 2.15 Elevators, power dumbwaiters, escalators, moving walks and ramps, lifts for the physically disabled and material lifts. (1) PLAN EXAMINATION, APPLICATION AND INSPECTION FEES. Fees for the initial inspection and for the examination of plans or for an application for installation or alteration, or both, submitted in accordance with the requirements of ch. ILHR 18, shall be determined at the rate of 1.5% of the cost to the purchaser, excluding building construction. The minimum fee shall be \$200.00.

(2) **INSPECTION FEES.** Fees for periodic inspections and reinspections of all classes of elevators and lifting devices within the scope of ch. ILHR 18 shall be determined in accordance with Table 2.15-1.

Table 2.15-1

Number of Landings	Inspection Fee
0 - 4	\$35.00
5 - 10	\$65.00
11 or more	\$95.00

(3) **CERTIFICATES OF OPERATION.** The department shall issue a certificate of operation for each elevator upon receipt of the inspection report indicating the elevator satisfies the minimum operating standards specified in ch. ILHR 18. The fee per certificate shall be determined in accordance with Table 2.15-2.

Table 2.15-2

Inspection Performed By	Fee Per Certificate
Authorized inspector employed by the department	\$25.00
Certified inspector employed by an insurance company or agency	\$25.00

History: Cr. Register, June, 1992, No. 438, eff. 7-1-92.

NFPA 13, Table 2-2.3.1

2-2.3.1 The standard temperature ratings of automatic sprinklers are shown in Table 2-2.3.1 on the following page. Automatic sprinklers shall have their frame arms colored in accordance with the color code designated in Table 2-2.3.1.

Exception No. 1: A dot on the top of the deflector, or the color of the coating material, or colored frame arms shall be permitted for color identification of corrosion-resistant sprinklers.

Exception No. 2: Color identification shall not be required for ornamental sprinklers such as factory plated or factory painted sprinklers or for recessed, flush, or concealed sprinklers.

Exception No. 3: The frame arms of bulb type sprinklers need not be color coded.

Sprinklers are color coded in accordance with 2-2.3.1 to provide a ready means of establishing the temperature classifications of their operating elements. Table 2-2.3.1 indicates the range of temperatures for sprinklers in each classification and the maximum ceiling temperatures for which each classification may be installed. Exception No. 2 recognizes that traditional color codings are not applicable to specially coated sprinklers, such as decorative or ornamental sprinklers. In some cases, these devices may also be listed as a corrosion-resistant sprinkler in order to receive a particular color finish.

Table 2-2.3.1 Temperature Ratings, Classifications, and Color Codings

Max. Ceiling Temp.		Temperature Rating		Temperature Classification	Color Code	Glass Bulb Colors
°F	°C	°F	°C			
100	38	135 to 170	57 to 77	Ordinary	Uncolored or Black	Orange or Red
150	66	175 to 225	79 to 107	Intermediate	White	Yellow or Green
225	107	250 to 300	121 to 149	High	Blue	Blue
300	149	325 to 375	163 to 191	Extra High	Red	Purple
375	191	400 to 475	204 to 246	Very Extra High	Green	Black
475	246	500 to 575	260 to 302	Ultra High	Orange	Black
625	329	650	343	Ultra High	Orange	Black

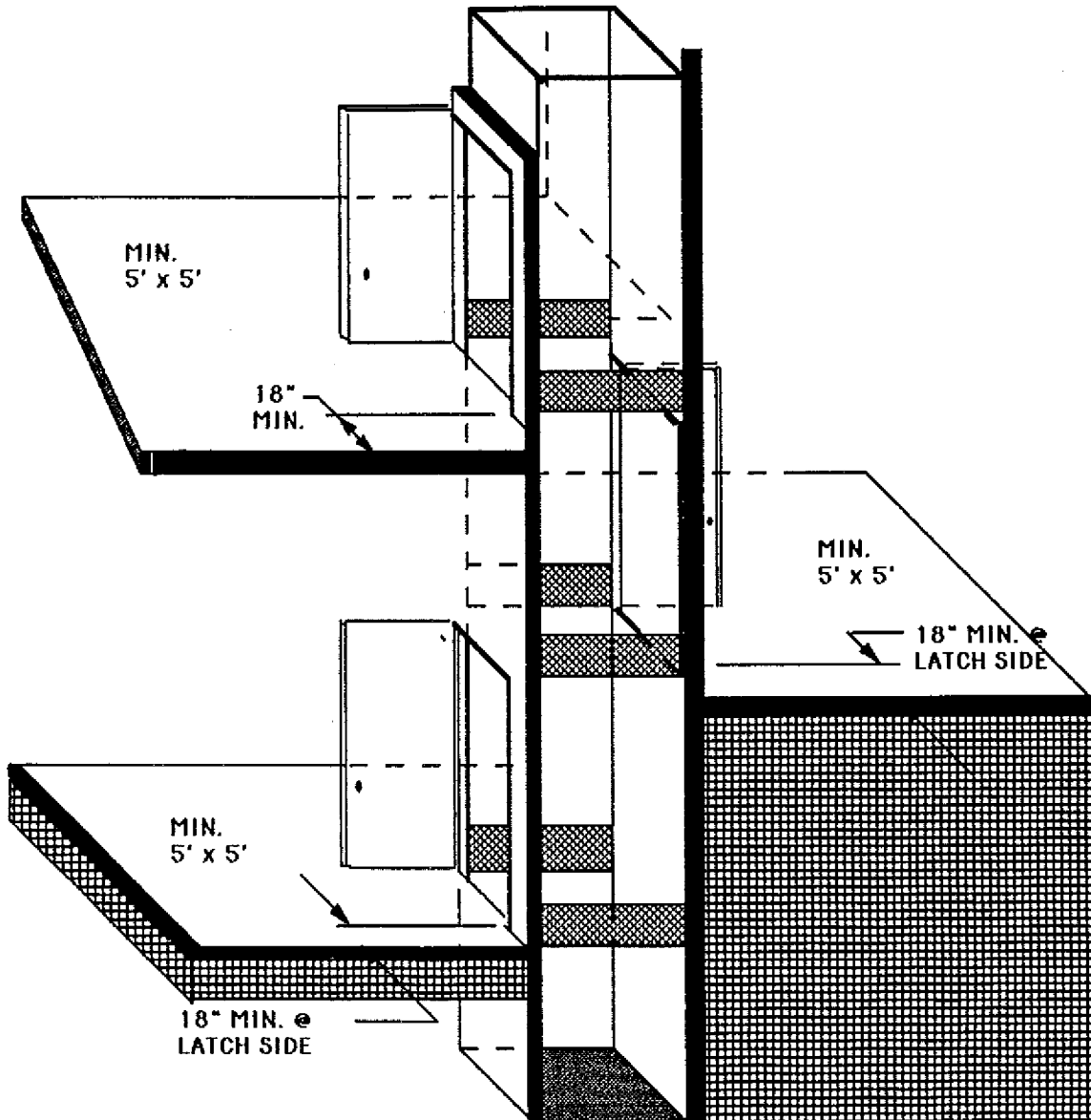
APPENDIX B

APPENDIX B

ACCESSIBILITY MATERIAL

The material contained in this appendix is for clarification purposes only. The illustrations, figures and graphs correspond to the number of the rule as it appears in the text of the code.

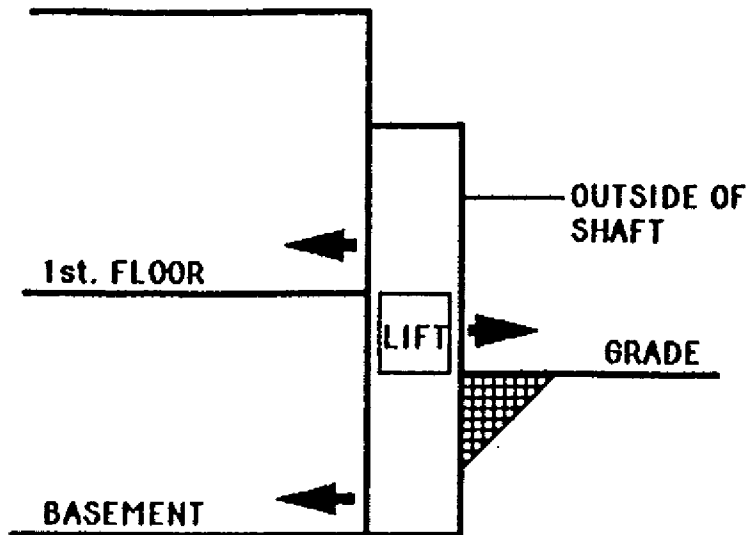
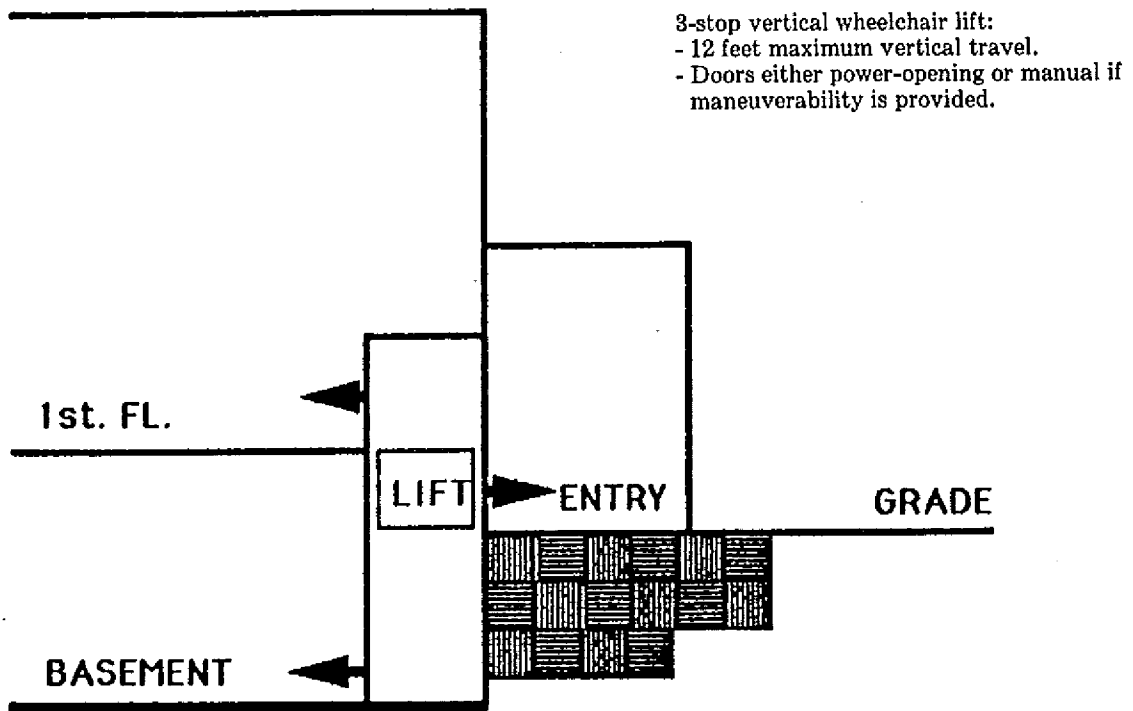
A-18.362 and 18.69 Maneuverability space at hoistway openings with swing doors:



Hoistway doors may be manual-opening and self-closing, if a minimum clear maneuverability space of 5 feet by 5 feet with a minimum of 18 inches of clear space at the latch side of the door is provided at each landing hoistway door. The maximum force for pushing or pulling open an

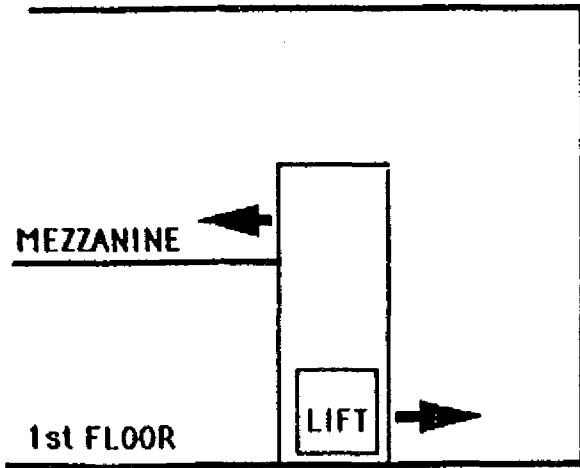
interior hinged door shall not exceed 5 pounds of force. If the hoistway door is rated, the maximum force for pushing or pulling open the door shall not exceed the minimum force necessary to keep the door in the latched position.

A-18.73 Examples of vertical wheelchair lifts with 3-stops.

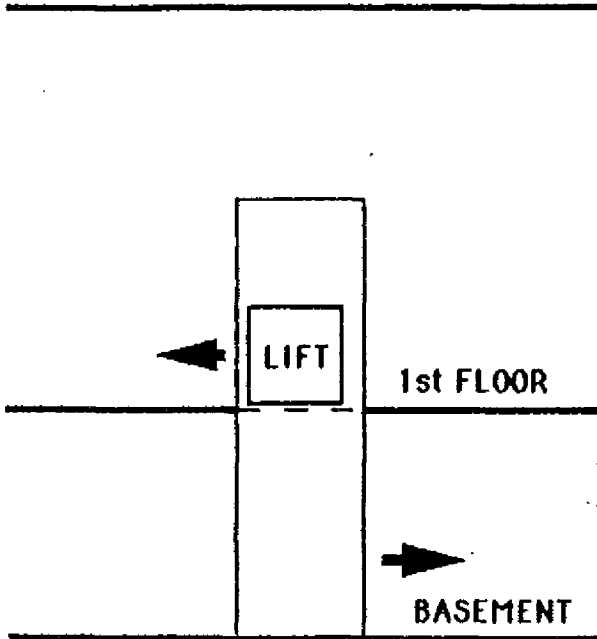


APPENDIX B

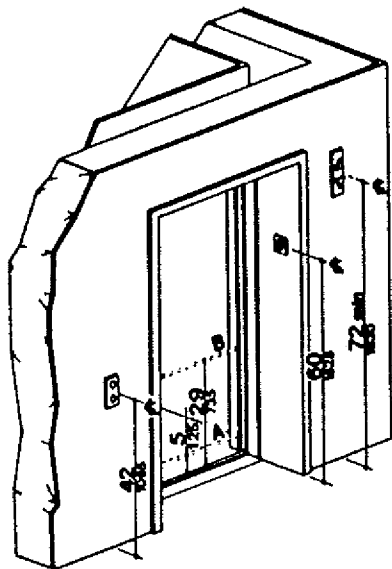
A-18.73 Examples of vertical wheelchair lifts with 2-stops.



- 2-stop vertical wheelchair lifts:
- 12 feet maximum vertical travel.
 - Lift may penetrate one floor.
 - Doors either power-opening or manual if maneuverability is provided.



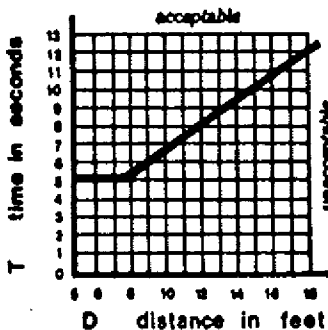
A1-18.83 Examples of hoistway and elevator entrances.



NOTE: The automatic door reopening device is activated if an object passes through either line A or line B. Line A and line B represent the vertical locations of the door reopening device not requiring contact.

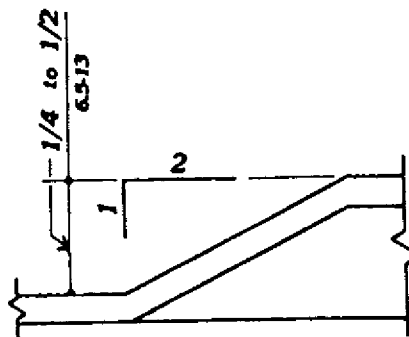
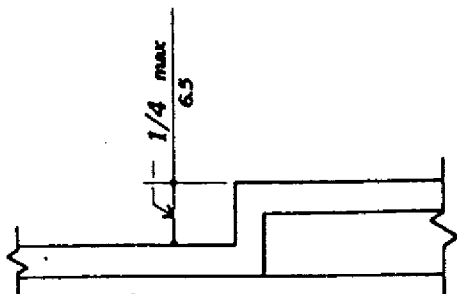
Hoistway and Elevator Entrances

A-18.83 Graph of timing equation.



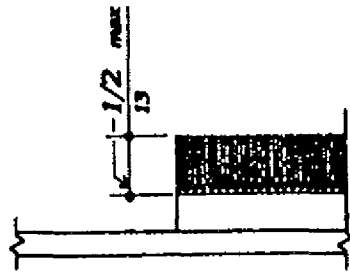
Graph of Timing Equation

A-18.83 Changes in levels.

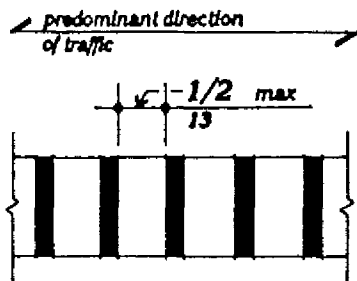


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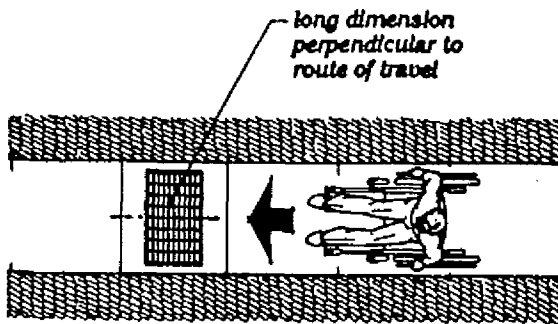
A-18.83 Examples of carpet pile thickness and gratings.



CARPET PILE THICKNESS

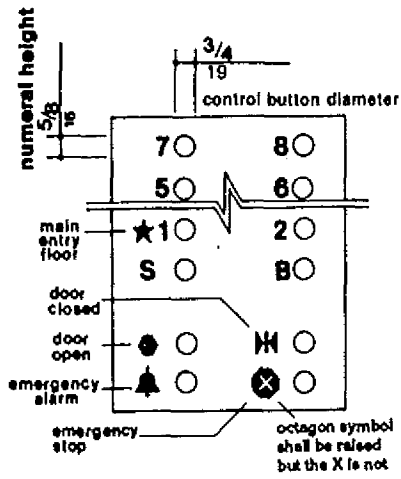


GRATINGS

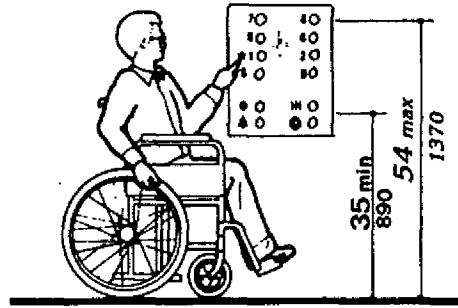


GRATING OPERATION

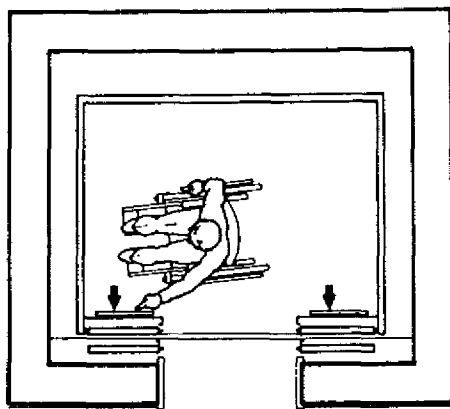
A-18.83 Examples of accessible car controls.



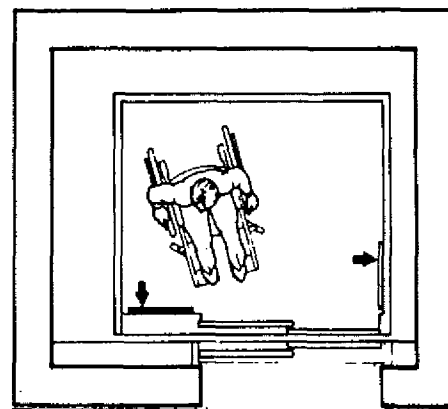
(a) Panel Detail



(b) Car Control Height



(c) Alternate Locations of Panel with Center Opening Door



(d) Alternate Locations of Panel with Side Opening Door