



STATE OF WISCONSIN

Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Division of Industry Services
Bureau of Field Services
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Madison, WI 53707-7302
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Submit form to district inspector
Division of Industry Services

Governor Scott Walker

Secretary Dave Ross

Category 1 Periodic Escalator Test
ASME A17.1- Sections 8.6.8.15.19 & 8.6.8.15.20

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)]

Form with fields: Building Name, Owners Name, Registration Tag No., Street Address, Address, Regulated Object ID., City, County, Zip, City, State, Zip, Manufacturer

This conveyance is required to be tested in accordance with the code in effect at time of the original installation and/or any applicable alteration(s) for this conveyance.

- 1. ASME A17.1 8.6.8.15.19 Step/Skirt Performance Index: The escalator skirt shall not be cleaned, lubricated, or otherwise modified in preparation for testing...

Step 1 Left: Right: Step 2 Left: Right: Skirt Deflectors Installed: Yes [] No []

Note: Item 2 is applicable only to escalators with a contract date after 3/31/2004

- 2. ASME A17.1 8.6.8.15.20 Clearance Between Step and Skirt (Loaded Gap). Loaded gap measurements shall be taken at intervals not exceeding 300 mm (12 in.) in transition region...

Top landing Left: Right: Bottom landing Left: Right:

If any test did not prove satisfactory, please explain.

- 3. ASME A17.1 Requirement 8.6.1.7.2: A periodic test record for all periodic tests containing the applicable Code requirement(s) and date(s) performed, and the name of the person or firm performing the test, shall be installed to be readily visible and adjacent to or securely attached to the controller of each unit...

Form titled 'The Above Tests Were Performed In Compliance With ASME A17.1 and SPS 318' with fields for Firm Performing Test, Address, City, State, Zip, Date of Test, Name and License Number of Person Performing Test (Print), Signature of Person Performing Test

This Report Shall Be Filed With the Department of Safety & Professional Services Within 15 (Fifteen) Days of Completion of All Tests.

This Report Shall Be Filed Not Less Than Once Per Year

Copies of this form should be retained by Conveyance Contractor and Conveyance Owner.

One copy shall be sent to State District Inspector assigned to the county in which the conveyance is located.

State Inspectors list by county may be found using the following link:

Elevator Inspectors Map