



# Escalator Test Form

Elevator Safety  
 1000 East Grand Avenue  
 Des Moines, Iowa 50319-0209  
 Ph#: 515-281-5415 or 515-281-3418  
 FAX: 515-242-5076

## ASME A17.1 Sections 8.10.4 and 8.11.4

<b>Location</b>	<b>Owners Name</b>	<b>State ID No.</b>
<b>Address</b>	<b>Address</b>	<b>Code Edition</b>
<b>City, State, Zip</b>	<b>City, State, Zip</b>	<b>Manufacturer</b>

<b>Annual Test</b> <input type="checkbox"/>	<b>5-Year Test</b> <input type="checkbox"/>	<b>Acceptance Inspection and Test</b> <input type="checkbox"/>
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<b>Rated Speed:</b> <input type="text"/> fpm. Or <input type="text"/> m/s	<b>Capacity:</b> <input type="text"/> lbs. Or <input type="text"/> kg	<b>Normal Direction of travel:</b> <input type="checkbox"/> Up <input type="checkbox"/> Down
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1. **ASME A17.1 8.11.4.2.19 Step/Skirt Performance Index:** The escalator skirt shall not be cleaned, lubricated, or otherwise modified in preparation for testing. The escalator instantaneous step/ skirt index measurements [6.1.3.3.7(a)] shall be recorded at intervals no larger than 150 mm (6 in.) from each side of two distinct steps along the inclined portion of the escalator, where the steps are fully extended. Test steps shall be separated by a minimum of 8 steps.

<b>Step 1 Left:</b> <input type="text"/>	<b>Right:</b> <input type="text"/>	<b>Step 2 Left:</b> <input type="text"/>	<b>Right:</b> <input type="text"/>	<b>Skirt Deflectors:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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2. **ASME A17.1 8.11.4.2.20 Clearance Between Step and Skirt (Loaded Gap).** Loaded gap measurements shall be taken at intervals not exceeding 300 mm (12 in.) in transition region (6.1.3.6.5) and before the steps are fully extended. These measurements shall be made independently on each side of the escalator.

<b>Top landing Left:</b> <input type="text"/>	<b>Right:</b> <input type="text"/>	<b>Bottom landing Left:</b> <input type="text"/>	<b>Right:</b> <input type="text"/>
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(Applies only to units contracted after 3/31/2004)

\*\* OK = meets requirements; SO = Refer to Safety Order Form; NA = not applicable \*\*

7 Escalator – External	OK	SO	NA	7 Escalator - External	OK	SO	NA
General fire protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.10 Operating and safety devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.11 Skirt obstruction device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.12 (Not used)			
Entrance and egress ends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.13 Egress restriction (rolling shutter) device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.14 Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caution signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.15 Balustrades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combplate and comb step impact device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.16 Ceiling intersection guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.8 Deck barricades and antislid devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.17 Step/skirt clearance, panels and performance index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.9 Steps and upthrust device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.18 Outdoor protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Each item number is referenced in ASME A17.2 – 2004 guide for inspection

8 Escalator – Internal			OK	SO	NA	8 Escalator – Internal			OK	SO	NA
8.1	Machinery, space access, lighting, receptacle, and condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.9	Step upthrust device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.2	Stop Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.10	Missing step device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.3	Controller and wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.11	Step level device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.4	Drive machine and brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.12	Steps, step chains, and trusses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.5	Speed governor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.13	Handrail systems and safety devices (speed-stall device)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.6	Broken drive chain and disconnected motor safety switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.14	Code data plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.7	Reversal stop switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.15	Response to smoke detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.8	Broken step chain device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.16	Step lateral displacement device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Each item number is referenced in ASME A17.2 – 2004 guide for inspection</b>											
<b><u>If any test did not prove satisfactory, please explain</u></b>											
<b><u>Comments</u></b>											
3. ASME A17.1 section 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.											
<b>The Above Tests Were Performed In Compliance With ASME A17.1 sections 8.11.4</b> <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Firm Performing Test</b>			<b>Address</b>			<b>City, State, Zip</b>			<b>Date of Test</b>		
<b>Name of Person Performing Test (Please Print Clearly)</b>						<b>Signature of Person Performing Test</b>					
<b>Test witnessed by inspector:</b>						<b>Date:</b>					
<b>QEI Provider:</b>						<b>QEI Number:</b>					