TEST AND EXAMINATION REPORT FOR ELECTRIC SERVICE LIFTS

1. Description of Installation

Location _____

Manufacturer _____ Plant No. _____

Lift Identification No. _____ Length of Travel _____ m

Levels Served _____

Rated Load _____ kg Rated Speed _____ m/s

Power Supply at Time of test _____ Volt _____ Phase _____ Hz

Machine Room Location: above lift well*/below lift well*/at side*

Car Floor Area _____ m^2 Car internal height _____ m

2. Examinations and Tests

2.1 Suspension

(a) Suspension Ropes

(i) Number _____ (ii) Nominal Diameter _____ mm

(b) Type of Anchorages: Car _____ Counterweight _____

Have the anchorages been examined and found in good working condition? Yes☐ No☐

2.2 Car Safety Gear Tests N.A.*/Fitted*

Note: The following test should be conducted with the car descending.

(a) Progressive Type

Does the safety gear operate correctly if engaged at inspection*/rated* speed with 100%*/125%* of the rated load uniformly distributed in the lift car? N.A.☐ Yes☐ No☐

State the speed: _____ m/s

(b) Instantaneous Type

Does the safety gear operate correctly if engaged at rated speed with rated load uniformly distributed in the lift car? N.A.☐ Yes☐ No☐

(c) The stopping distance is _____ mm

2.3 Counterweight Safety Gear Tests N.A.*/Fitted*

Note: The following test should be conducted with the counterweight descending.

(a) Progressive Type

Does the safety gear operate correctly if engaged at inspection*/rated* speed with the lift car empty? Yes☐ No☐

(b) Instantaneous Type

Does the safety gear operate correctly if engaged at rated speed with lift car empty? Yes☐ No☐

(Delete either (a) or (b) or both)

2.4 Overspeed Governor*/Safety Rope*/Suspension Failure Device* Test

(a) Car N.A.*/Fitted*

(i) Governor

Type _____ Serial No. _____

	Tripping Speed (m/s)	
Device	Marked	Measured
Electrical		
Mechanical		

State how the governor was tested on the installation:

Simulation*/Free Fall*/Actual Overspeed*/Others* _____

OR

(ii) Safety Rope*/Suspension Failure Device*

Does the triggering mechanism operate correctly? Yes☐ No☐

(b) Counterweight N.A.*/Fitted*

(i) Governor

Type _____ Serial No. _____

	Tripping Speed (m/s)	
Device	Marked	Measured
Electrical		
Mechanical		

State how the governor was tested on the installation:

Simulation*/Free Fall*/Actual Overspeed*/Others* _____

(ii) Safety Rope*/Suspension Failure Device*

Does the triggering mechanism operate correctly? Yes☐ No☐

2.5 Brake

Is the brake capable of stopping the machine when the lift is travelling at its rated speed with the rated load plus 25%? Yes☐ No☐

2.6 Buffer Tests

(a) Car Buffer

When the lift was brought into contact with the buffer with rated load at rated speed, was the operation satisfactory? Yes☐ No☐

(b) Counterweight Buffer

When the counterweight was brought into contact with the buffer with the car empty at rated speed, was the operation satisfactory? Yes☐ No☐

2.7 Insulation Resistance to Earth and Earthing

(a) Lift Motor _____ MO (b) Safety Circuit _____ MO

* Delete whichever not applicable

(c) Is the maximum continuity resistance to earth less than 0.5O? Yes☐ No☐

2.8 Safety Contacts/Circuits

(a) Have the contacts at each landing door been proved so that when broken there is no movement of the car? Yes☐ No☐

(b) Have the car door contacts been proved so that when broken there is no movement of the car? Yes☐ No☐

(c) Do the terminal stopping switches operate satisfactory? Yes☐ No☐

(d) Do the stopping device in machine room and in pit operate correctly Yes☐ No☐

(e) Does the earthing of the most remote contact (lock or push button) operate a fuse or trip a breaker? Yes☐ No☐

2.9 Current and Speed Tests (at mid-point of travel)

	Lift Motor Speed (rpm)	Lift Speed (m/s)	Motor Input	
			(V)	(A)
No Load Down				
Full Load Up				

2.10 Traction Checks

Does the car stop under emergency conditions

(a) with the car empty when travelling upwards in the upper part of the lift well at rated speed? Yes☐ No☐

(b) with rated load plus 25% when travelling downwards in the lower part of the lift well at rated speed? Yes☐ No☐

3. General

(a) Are the maximum load and warning notice displayed at each landing in compliance with 10.1 and 10.3.1 of the Design Code, Part 3? Yes☐ No☐

(b) Are the emergency instructions displayed in the machine room? Yes☐ No☐

(c) Is the machine room lighting adequate for maintenance purpose? Yes☐ No☐

(d) Are the provisions for ventilating the machine room adequate? Yes☐ No☐

(e) Is each machine room door or trap door complied with the COP on Building Works for Lifts and Escalators? Yes☐ No☐

(f) Is the clear space in front of the controller not less than 900mm in depth? If no, state details in Item 4. Yes☐ No☐

(g) Is the access to machine room and to all equipment safe and convenient? Yes☐ No☐

4. Others

5. Declaration

I certify that on _____ the equipment was thoroughly examined and found to be free from obvious defects, and to comply with Part 3 of the Design Code, COP for Lift works and Escalator Works and COP on Building Works for Lifts and Escalators with the exception of the following items and that the foregoing is an accurate record of the test and examination carried out.

Exceptions:

_____ Name & Registration No. of Registered Lift Engineer

_____ Signature of Registered Lift Engineer

_____ Name of Registered Lift Contractor

_____ Date

Remarks: COP means Code of Practice

* Delete whichever not applicable