



PERIODIC TEST REQUIREMENTS AND RESULTS – 2013 A17.1

DUMBWAITER

Alaska Elevator Number:	_____
Company Performing Testing:	_____
Date of Test:	_____
Type of Test:	_____
Type of Elevator:	_____
Elevator Capacity/Speed:	_____ Code Edition Inspected To: _____

ELECTRIC DUMBWAITER – CATEGORY I

Code Section:		Pass – Fail – N/A
8.6.4.19.1	Oil Buffers	
8.6.4.19.2	Safeties	
8.6.4.19.3	Governors	
8.6.4.19.4	Slack Rope Device (winding drum)	
8.6.4.19.5	Normal and Final Terminal Stopping Devices	
8.6.4.19.6	Firefighter’s Emergency Operation	
8.6.4.19.7	Standby or Emergency Power Operation	
8.6.4.19.8	Power Operation of Door Systems	
8.6.4.19.9	Broken rope, Tape, or Chain Switch	
8.6.4.19.10	Functional Safety of SIL Rated Device(s)	
8.6.4.19.11	Ascending Car Over-speed protection	
8.6.4.19.11	Unintended Car Movement	
8.6.4.19.12	Traction Loss Detection means	
8.6.4.19.13	Broken Suspension Member & Residual Detection Means	
8.6.4.19.14	Occupant Evacuation Operation	
8.6.4.19.15	Emergency Communication	
8.6.4.19.16	Means to Restrict Hoistway Car Door Opening	

HYDRAULIC DUMBWAITER – CATEGORY I

Code Section:		Pass – Fail – N/A
8.6.5.14.1	Relief Valve Setting & System Pressure Test	
	<i>Recorded Working Pressure</i>	<i>Relief Pressure</i>
8.6.5.14.2	Hydraulic Cylinders and Pressure Piping	
8.6.5.14.3(a)	Normal & Final Term Stopping Devices	
8.6.5.14.3(b)	Governors	
8.6.5.14.3(c)	Safeties	
8.6.5.14.3(d)	Oil Buffers	
8.6.5.14.3(e)	Firefighter’s Emergency Operation	
8.6.5.14.3(f)	Standby or Emergency Power Operation	
8.6.5.14.3(g)	Power Operation of Door Systems	
8.6.5.14.3(h)	Emergency Term Speed Limiting Device	
8.6.5.14.3(h)	Emergency Term Stopping Device	
8.6.5.14.3(i)	Low Oil Protection Operation	
8.6.5.14.4	Flexible Hose and Fitting Assembly	
8.6.5.14.5	Pressure Switch	
8.6.5.14.6	Power Operation of Door Systems	
8.6.5.14.7	Slack Rope Device	

This record MUST BE maintained in the machine room accessible to qualified elevator & inspection personnel. & This record MUST BE filled out complete, be filled out in ink, & include the complete date indicating month, day, & year of test and it shall be filled out to indicate what tests were not applicable for the device.