

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
ELEVATOR, RIDE AND TRAMWAY UNIT

FIVE YEAR ELEVATOR LOAD TEST REPORT

To comply with the Elevator Safety Orders, 3071(j), this form shall be filled out and returned by the compliance date shown on the Preliminary Order. If repairs, adjustments or replacements are needed for code compliance, they are to be completed before returning this form. Submitting an incorrect report may cause another test to be required, witnessed by the Division, with additional fees. LC 7314

Elevator State Number _____ Date of Test _____

Location of Elevator _____
Street

City _____ Zip _____

Elevator Rated Load as Shown on Crosshead Data Plate _____

Rated Speed as Shown on Data Plate (Not greater than 110% of Up Speed Below) _____

Elevator Up Speed with Rated Load _____ Elevator Down Speed with Rated Load _____

OSV Tripping Speed _____ Outside Diameter of Ram _____

Pit Shut Off Valve Rating _____ MR Shut Off Valve Rating _____

Working Pressure _____ Relief Valve Pressure _____

Relief Valve Sealed ? Yes ___ No ___ Maximum Centrifugal Pump Pressure _____

Movement of Elevator with Rated Load in 15 Minutes _____

(NOTE: Movement Greater than .250 Inch without proper justification is unacceptable)

Pressure Switch: Yes ___ No ___ Operational? _____ Load Test Data Tag Attached _____

CQCC Performing Test _____
Company Name, Certification Number and Expiration

CCCM Performing Test

Owner / Responsible Party

Printed Name

Printed Name

Signature

Signature

Certification Number and Expiration

Title

Phone Number

Phone Number

Return Form To:

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR, RIDE, AND TRAMWAY UNIT
District Office that originated
the required test