

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT



GROUP 2 FIVE YEAR HYDRAULIC 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. L.C. 7314

Purpose of Load Test: _____

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 as shown below) _____

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

Table with 2 columns: Rated Car Speed Feet per Minute, Buffer stroke in Inches. Rows: 100 or less (1 1/2), 101 to 150 (2 1/2), 151 to 200 (4)

Working Pressure: _____ Relief Valve Pressure (125% max.): _____

Pit Shut off Valve Rating: _____ MR Shut off Valve Rating: _____

OSV Tripping Speed: _____ Outside Diameter of Ram: _____

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: Yes [] No []

CQCC Performing Test _____
Company Name, Certification Number and Expiration

CQCC Telephone Number

CCCM Performing Test

Verification by CQCC of Current Responsible Party

Printed Name

Name of Responsible Party

Signature

Address of Responsible Party

CCCM Certification Number CCCM Expiration Date City of Responsible Party Phone Number of Responsible Party