



**PERIODIC TEST  
REPORTING FORM**  
**FIRE SERVICE / EMERGENCY POWER**

**ELEVATOR SAFETY INSPECTION**  
**1100 N. EUTAW STREET, ROOM 601**  
**BALTIMORE, MD 21201**

**ALL WORK IS TO BE PERFORMED IN ACCORDANCE WITH THE REQUIREMENTS OF THE  
APPROPRIATE ASME A17.1 CODE.**

For each elevator tested, list the State Registration number found in the elevator machine room:

**A. FIRE ALARM INITIATING DEVICE (FAID) – Applicable Code Year: \_\_\_\_\_**

All FAID'S related to the elevator operation except designated level, returned elevator(s) to the designated level (key floor)

☐ Yes ☐ No The designated floor FAID sent the elevator(s) to the alternate level, floor number \_\_\_\_\_ as required by the ASME A17.1 Elevator Code.

**B. STAND-BY EMERGENCY POWER TEST - Applicable Code Year: \_\_\_\_\_**

**CHECK ONE:** ☐ ANNUAL TEST ASME A17.1 ☐ FIVE YEAR TEST ASME A17.1

☐ **OTHER:**

Annually, elevator(s) equipped with stand-by emergency power are required to be tested using the emergency power system with no load.

1. Did the elevator(s) operate simultaneously while on stand-by emergency power? ☐ Yes ☐ No

If NO, explain:

2. Did the elevators operate in accordance with the above elevator Code? ☐ Yes ☐ No

Site Name:	Address:
City, State, Zip:	
Testing Firm:	Date Tested:
Printed Name of Authorized Agent:	
Authorized Agent's Signature:	

**WHEN COMPLETED, LEAVE FORM IN THE ELEVATOR MACHINE ROOM.**