



PERIODIC TEST REPORTING FORM
FIRE SERVICE / EMERGENCY POWER

ELEVATOR SAFETY INSPECTION
10946 GOLDEN WEST DR, #160
HUNT VALLEY, MD 21031

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

Form with fields for Site Name, Address, City, State, Zip, Name of Testing Firm, Date Tested, Mechanic Name, Sign, Mechanic License Number, TPQEI Name, Sign, TPQEI License Number.