



## Escalator & Moving Walk Safety Test & Inspector Witness Report

### General Information

Building Name:	Manufacturer:	Conveyance #:
Address:	City:	ZIP:
Responsible Party Name:	Phone:	Email:
Installation Year:	Year Listed on Code Data Plate:	Job/Contract #:
Test Date:	Normal Direction of Travel:	<input type="checkbox"/> Up <input type="checkbox"/> Down <input type="checkbox"/> Up and Down
Escalator Serves Levels	to	Total Travel: ft
		Rated Speed: fpm

### Step Skirt Performance Index

Does this unit have skirt deflection devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is all test equipment calibrated and current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Escalator skirt cleaned in preparation for the test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was unit tested in normal direction of travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Step/Skirt Performance Index Measurements: <i>Left (looking up):</i> #1: #2:	<i>Right:</i> #1: #2:

The step-skirt performance index is:  
  $\leq 0.15$ ; a skirt deflector **is not required**.  
  $> 0.15$  and  $\leq 0.4$ ; a skirt deflector **is required** if the escalator was installed **prior to October 4, 2002**.  
  $> 0.15$  and  $\leq 0.25$ ; a skirt deflector **is required** if the escalator was installed **after October 4, 2002**.  
 For escalators installed **after January 31, 2001**, is the loaded gap measurement  $\leq 5$  mm (0.2 in)?  Yes  No  N/A  
 All readouts for each test have been properly labeled, dated and attached to this form.

### Switches and Devices

One of the two boxes must be checked to indicate code compliance

OK N/A	OK N/A	OK N/A
<input type="checkbox"/> Brake Torque Value	<input type="checkbox"/> Landing Plate Switch, Top	<input type="checkbox"/> Stopping Distance/Down
<input type="checkbox"/> Brake Lining Condition	<input type="checkbox"/> Landing Plate Switch, Bottom	<input type="checkbox"/> Demarcation Lighting
<input type="checkbox"/> Broken Drive Chain Device	<input type="checkbox"/> Machinery Space Cover Switch, Top	<input type="checkbox"/> Machine Space Stop Switch, Top
<input type="checkbox"/> Comb Step Impact Devices	<input type="checkbox"/> Machinery Space Cover Switch, Bottom	<input type="checkbox"/> Machine Space Stop Switch, Bottom
<input type="checkbox"/> Disconnected Motor Device	<input type="checkbox"/> Lockable Disconnect/Circuit Breaker	<input type="checkbox"/> Step Upthrust Device, Top, Left
<input type="checkbox"/> Variable Speed Device	<input type="checkbox"/> Reversal Stop Device	<input type="checkbox"/> Step Upthrust Device, Top, Right
<input type="checkbox"/> Emergency Stop Buttons	<input type="checkbox"/> Reverse Phase Relay	<input type="checkbox"/> Step Upthrust Device, Bottom, Left
<input type="checkbox"/> Handrail Chain Tension	<input type="checkbox"/> Broken Step Chain	<input type="checkbox"/> Step Upthrust Device, Bottom, Right
<input type="checkbox"/> Handrail Entry Device, Left	<input type="checkbox"/> Drive Chain Tension	<input type="checkbox"/> Step Chain Tension
<input type="checkbox"/> Handrail Entry Device, Right	<input type="checkbox"/> Skirt Switches	<input type="checkbox"/> Step Level Device
<input type="checkbox"/> Handrail Monitoring Device, Left	<input type="checkbox"/> Speed Governor	<input type="checkbox"/> Step Rollers
<input type="checkbox"/> Handrail Monitoring Device, Right	<input type="checkbox"/> Tandem Operation Interlock Device	<input type="checkbox"/> Missing Step Device

### Inspection Items

<sup>TCO</sup> = TCO in lieu of shutdown can be recommended (Category 1 or inspection; NOT allowed at acceptance)

<input type="checkbox"/> Comb missing $\geq 2$ adjacent teeth	<input type="checkbox"/> Comb missing $\geq 2$ non-adjacent teeth <sup>TCO</sup>	<input type="checkbox"/> Maintenance logs updated <sup>TCO</sup>
<input type="checkbox"/> Signage <sup>TCO</sup>	<input type="checkbox"/> MCP complete <sup>TCO</sup>	<input type="checkbox"/> Machine Space Light <sup>TCO</sup>

Inspector's Violation Description and/or Mechanic's Test Result Comment Failure of any item above warrants shutdown except for those marked as TCO	Shut-Down	TCO (60 days)	Correction Date (Inspector only)
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

### Certifications

By signing below, I certify that all statements are true to the best of my knowledge and that all testing was performed according to Conveyance Regulations, as well as to requirements in ASME A17.1 Sections 6.1.3.3.9, 8.6.8.3 and 8.11.4.2.19.

Mechanic Name:	Contractor Company Name:
Mechanic Signature:	Date:
Inspector Name:	State License #:
Inspector Signature:	Inspection Company Name:
	Date:
	QEI #: