

Instructions: Please TYPE or PRINT CLEARLY the information requested on this form.

Building Name	Owners Name	NE State No.
Street Address	Address	Building #
City, State, Zip	City, State, Zip	Manufacturer

Rated Speed: _____ fpm. Capacity: _____ lbs. Normal Direction of travel: Up Down

1. **ASME A17.1 8.11.4.2.19 Step/Skirt Performance Index:** The escalator skirt shall not be cleaned, lubricated, or otherwise modified in preparation for testing. The escalator instantaneous step/ skirt index measurements shall be recorded at intervals no larger than 150 mm (6 in.) from each side of two distinct steps along the inclined portion of the escalator, where the steps are fully extended. Test steps shall be separated by a minimum of 8 steps.

Step 1 Left: _____ Right: _____ Step 2 Left: _____ Right: _____ Skirt Deflectors: Yes No

2. **ASME A17.1 8.11.4.2.20 Clearance Between Step and Skirt (Loaded Gap).** Loaded gap measurements shall be taken at intervals not exceeding 300 mm (12 in.) in transition region (6.1.3.6.5) and before the steps are fully extended. These measurements shall be made independently on each side of the escalator.

Top landing Left: _____ Right: _____ Bottom landing Left: _____ Right: _____

TOP COMB-STEP IMPACT DEVICE			BOTTOM COMP-STEP IMPACT DEVICE		
RIGHT	LBS	<input type="text"/>	RIGHT	LBS	<input type="text"/>
CENTER	LBS	<input type="text"/>	CENTER	LBS	<input type="text"/>
LEFT	LBS	<input type="text"/>	LEFT	LBS	<input type="text"/>

**** Pass = Meets requirements; Fail = comment on the back of this Checklist; N/A = Not Applicable ****

	PASS	FAIL	N/A		PASS	FAIL	N/A
General Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caution Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deck barricades and antislid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steps and upthrust device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance and egress ends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operating and safety devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skirt obstruction device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Egress restriction (rolling shutter) device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speed Governor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** Pass = Meets requirements; Fail = comment on the back of this Checklist; N/A: = Not Applicable **							
	PASS	FAIL	N/A		PASS	FAIL	N/A
Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken drive chain and dis- Connected motor safety switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balustrades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reversal stop switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step/skirt clearance, panels and Performance index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken step chain device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing step device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steps and upthrust device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step level device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Machinery, space access, lighting, receptical and condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steps, step chains and brushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrail systems, safety devices (speed-stall device)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controller and wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Code Data Plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive Machine and brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Response to smoke detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lowest set Sump/Drain/Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step lateral displacement device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any test did not prove satisfactory, please explain.

Comments:

- 3. ASME A17.1 Requirement 8.11.1.6:** A metal test tag with the test date, the requirement number requiring the test, and the name of the person or firm performing the test shall be installed in each machine room.
Test shall be recorded in the Maintenance Record.

The Above Tests Were Performed In Compliance With ASME A17.1 and Comm. 18			
Firm Performing Test	Address	City, State, Zip	Date of Test
Name and License Number of Person Performing Test (Print)		Signature of Person Performing Test	

ORIGINAL REPORT: Return to NDOL Elevator Safety Office - **REPORT COPY:** Company Performing Test