

Department of Labor and Industries
 Elevator Section
 PO Box 44480
 Olympia WA 98504-4480
 Phone: (360) 902-6130
 FAX (360) 902-6132



TEST OF ESCALATOR SAFETY DEVICES

- **A licensed elevator mechanic shall perform this test once a year.**
- **A copy of this test shall be sent to the above address.**

Building Name	Conveyance #		
Address	City	State	Zip+4

This escalator serves _____ level to _____ level in the _____ direction

Year installed _____

1. Brake Lining Condition: _____
2. Broken Drive Chain Device: _____
3. Broken Step Chain: _____
4. Comb Step Impact Devices: _____
5. Demarcation Lighting: _____
6. Disconnected Motor Device: _____
7. Drain in Bottom for Outside Escalators: _____
8. Drive Chain Tension: _____
9. Emergency Stop Buttons: _____
10. Handrail Chain Tension: _____
11. Handrail Entry Device: LH _____ RH _____
12. Handrail Monitoring Device: _____
13. Landing Plant Switches: Top _____ Bottom _____
14. Lockable Fused Disconnect or Circuit Breaker: _____
15. Machine Room Cover Switches: Top _____ Bottom _____
16. Machine Room Light: Top _____ Bottom _____
17. Machine Room Stop Switches: Top _____ Bottom _____
18. Missing Step Device: _____
19. Reversal Stop Device: _____
20. Reverse Phase Relay: _____
21. Rolling Shutter Device: _____
22. Signage: _____
23. Skirt Switches: LH _____ RH _____
24. Speed Governor: _____
25. Step Chain Tension: _____
26. Step Level Device: _____
27. Step Rollers: _____
28. Step Upthrust Device: Top _____ LH _____ RH _____
 Bottom _____ LH _____ RH _____
29. Tandem Operation Interlock Device: _____

Comments	
Name and elevator contractor's license # of firm making test	Date of Test
Name and license # of elevator mechanic performing test	Date of Test