

Locate this page in front of documentation binder

Conveyance Number	Car/Unit Number ID
Service Provider Name	Year

General Maintenance Requirements

To be available per A17.1/B44 – 8.6.1.2

1. 8.6.1.2.1(b) Maintenance task procedures available to elevator personnel

On-site Documentation for all Units (Documentation binder)

To be available per A17.1/B44 – 8.6.1.2.2 (Permanently kept on-site)

2. 8.6.1.2.2(a) Accurate As-built, Wiring Diagram
3. 8.6.1.2.(b)(2) Unique maintenance procedures or methods required for inspection, tests and replacement of SIL rated E/E/PES devices — WAC 296-96-00904(7).
4. 8.6.1.2.(b)(3) Unique procedures under alternative arrangements
5. 8.6.1.2.(b)(4) Unique maintenance procedures specified in ASME A17.7/B44.7
6. 8.6.1.2.(b)(5) Procedures for test, maintenance, adjustment, traction loss, broken suspension member
7. 8.6.1.2.(c) Written checkout procedures

(1) Elastomeric Buffers	(3) Two-way communication means
(2) E/E/PES	(4) Leveling with doors open
	(5) Overspeed Valve
8. 8.6.1.2.2(d) (1) Emergency Evacuation Procedures
(2) Transparent enclosure cleaning

On-site Maintenance Records Unit Binder(s)

To be on-site per A17.1/B44 — 8.6.1.4.1 for each conveyance (Retain for five years)

1. 8.6.1.4.1(a) Maintenance Records
2. 8.6.1.4.1(a)(3) Code Non-Compliance Record
3. 8.6.1.4.1(b) Repair and Replacement Records
4. 8.6.1.4.1(c)(1) Record of Oil Usage
5. 8.6.1.4.1(c)(4) Suspension Means Replacement Criteria
6. 8.6.1.4.1(d) Acceptance Test Records — 5 Year Test & Overspeed Valve
7. 8.6.1.4.2 Callback Record

Periodic & Quarterly Firefighter test record shall be posted in machine room

8. WAC 296-96-00675(7) Quarterly firefighter's emergency operation key switch test verification, and annual fire alarm initiating device and shunt trip initiating device test verification (F621-117-000).
9. 8.6.1.7.2 Periodic Test Results, Category 1 & 5 (use state form F621-117-000)



Hydraulic Elevators Maintenance Record

Elevator Program
PO Box 44480
Olympia WA 98504-4480

Provide the following information: **1** Mechanic: Enter State Conveyance No., company initials, and year. **2** In month cell, indicate month task is due using highlighter or asterisk and indicate completion of task using mechanic or company initials. Provide interval in months in interval column. If interval exceeds 12 months, also provide next due date in column. If task is not applicable, mark NA in interval column.

Conveyance Number	Company Initials	Year
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Inside of Car	Interval	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
8.6.1.6.3 (d) Operating control devices													
8.6.1.6.7 Signs and Data Plate													
8.6.4.15 Car Lighting & Receptacles, Stop Switch, Car Communication, Ventilation													
8.6.4.13.1 (b) Car Door Electric Contacts & Car Door Interlocks													
8.6.4.13.1 (c) Door Reopening Device													
8.6.4.13.1 (d) Vision Panels and Grilles													
8.6.4.13.2 Kinetic Energy and Force Limitation For Car And Hoistway Doors or Gates													
8.6.4.16 Stopping Accuracy													

Pit	Interval	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
8.6.4.5.1 Safety lubricated & free rust and dirt													
8.6.4.5.2 Clearance between safety jaw & rail													
8.6.4.7.1 Dirt, rubbish and no storage in pit													
8.6.4.7.2 Landing blocks and pipe stands													
8.6.4.7.3 Pit doors kept closed and locked.													
8.6.4.7.4 Water and oil shall not accumulate													
8.6.4.11.1 Reduce runby Final operational													
8.6.4.22 Maintenance of Seismic Devices													
8.6.5.5.1 Packing glands or seals,													
8.6.5.5.2 Oil Leakage Collection													

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Pit	Interval	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
8.6.5.10 Runby and Clearances or Shortening													
8.6.5.11 Cylinder Corrosion Protection													
8.6.5.11.1 Corrosion Protection Monitoring													
8.6.5.11.2 Corrosion Protection Loss													
8.6.5.13 Overspeed Valve Setting													

Top of Car	Interval	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
8.6.4.1.1 Suspension Rope Kept Clean/Inspect													
8.6.4.1.2 Lubrication of Suspension Ropes													
8.6.4.1.3 Equal Tension of Ropes - Antirotation													
8.6.4.2.1 Governor Rope Shall be Kept Clean													
8.6.4.2.2 Governor Rope Replace if Lubricated													
8.6.4.3.1 Lubrication Of Guide Rail to Data Tag													
8.6.4.3.2 Lubrication Recommendation													
8.6.4.3.3 Other Lubrication Requires Safety Test													
8.6.4.3.4 Rails Shall Be Kept Clean of Lint & Dirt													
8.6.4.3.5 No Paint, Oil or Graphite applied to Rail													
8.6.4.9. Tops Cars Kept Clean No Storage													
8.6.4.13.1(a) Hoistway Door Interlocks Contact													
8.6.4.13.1(e) Door Unlocking Devices, Escutcheon													
8.6.4.13.1(f) Hangers ,Tracks, Door Rollers, Upthrust													
8.6.4.13.1 (h) Sills And Bottom Guides, Condition													
8.6.4.13.1(i) Clutches, Vanes, Engage Cams, Rollers													
8.6.4.13.1(j) Interconnecting Means													
8.6.4.13.1(k) Door Closers													
8.6.4.13.1(l) Restrict Open Car & Hoistway Door													

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Outside Hoistway	Interval	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
8.6.4.13.1(g) Astragal Sight Guards													
8.6.4.14 Hoistway Access Switch													

Machine Room	Interval	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
8.6.1.5 Code Data Plate													
8.6.1.6.5 Fire Extinguisher													
8.6.1.6.3(a) Interiors of Controller Cleaned													
8.6.1.6.3(b) Temporary Wiring Blocks													
8.6.1.6.3(c) Jumpers in Machine Room													
8.6.1.6.3(d) Control and Operating and Devices Shall be Maintain													
8.6.1.6.3(e) Wire Substitute for Fuses													
8.6.4.8.3 Flammable liquids flashpoint(110°F)													
8.6.4.8.4 Doors kept closed and locked.													
8.6.4.8.5 No storage machine room space													
8.6.4.12.1 Governor seals													
8.6.4.12.2 Governor clean of contaminants & lubricate													
8.6.4.8.1 Water, dirt, rubbish, oil, and grease.													
8.6.4.8.2 No articles in machine room													
8.6.5.1.1 Cleaning of Pressure tanks													
8.6.5.1.2 Pressure tank liquid Level													
8.6.5.2 Piston Rods													
8.6.5.3 Water-Hydraulic Plungers													
8.6.5.4 Tank Levels													
8.6.5.5.1 Examination and Maintenance													
8.6.5.6 Flexible Hoses and Fittings.													
8.6.5.7 Record of Oil Usage													
8.6.5.9 Relief-Valve Setting													
8.6.5.12 Anticreep and Low Oil Protection													

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Additional Maintenance Task	Interval	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Special Provisions							
8.6.11.1 Firefighters Emergency Operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	8.6.11.9 Operating Instructions for Retractable Platforms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
8.6.11.2 Two-Way Communications Means	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	8.6.11.10 Category 5 Test Alternative Test Methodologies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
8.6.11.3 Access Keys. / WAC 296-96-02580	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	8.6.11.11 Examination After Shutdown Due to Traction Loss	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
8.6.11.4 Cleaning of a Car and Transparent Enclosure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	8.6.11.12 Examination After Safety Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
8.6.11.5 Emergency Evacuation Procedures For Elevator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	8.6.11.13 Occupant Evacuation Operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
8.6.11.7 Operating Instructions Specified in 2.7.5.1.1 -	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	8.6.11.14 Examination After Shutdown Due Detection Means	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
8.6.11.8 Egress/ Reentry Procedure From Working Areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	8.6.11.15 Motor Controllers located in Public Spaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Elevator Program
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Olympia WA 98504-4480

Instructions: This record shall be used to document all non-compliance issues pertaining to A17.1 reported to or by elevator personnel.

Conveyance Number	Company Initials	Year
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Date	Description of Non-Compliance	Person Reported To	Technician Initials



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Date	Name of Company or Mechanic	Type of Work <input type="checkbox"/> Repair <input type="checkbox"/> Replacement
Description of Work		

Date	Name of Company or Mechanic	Type of Work <input type="checkbox"/> Repair <input type="checkbox"/> Replacement
Description of Work		

Date	Name of Company or Mechanic	Type of Work <input type="checkbox"/> Repair <input type="checkbox"/> Replacement
Description of Work		

Date	Name of Company or Mechanic	Type of Work <input type="checkbox"/> Repair <input type="checkbox"/> Replacement
Description of Work		

Date	Name of Company or Mechanic	Type of Work <input type="checkbox"/> Repair <input type="checkbox"/> Replacement
Description of Work		



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Oil level in tank checked and complies with minimum and maximum level (8.6.5.4)		Amount of oil added to tank and emptied from collection containers, pans, and seals or packing glands (8.6.5.7)		Provide the reason for adding hydraulic fluid to system and tank (8.6.5.7)	When Hydraulic Fluid loss cannot be accounted perform test in 8.6.5.14.1 & 8.6.5.14.2 (8.6.5.7)	
Date	Yes or No	Added	Emptied	Reason	Test Required	
					Date	Yes or No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

8.6.1.4.1(c) — A17.6 — Suspension Replacement Criteria Record

For Section 1.10.1.1(c) & 1.10.3, Section 2.9 Aramid Fiber and Section 3.7 Noncircular Elastomeric Coated Steel Suspension, Compensation and Governor System

Marked interval in months and next due date. In appropriate row checked "Yes" means no longer conforms to A17.6 criteria or checked "No" conforms A17.6 criteria, enter date and either the initials of the mechanic or the company who performed visual inspection.

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Number of Suspension Ropes	Diameter	Yes	No	Date
1.10.1.1(a) Permanently kinked, bent or deformed				
1.10.1.2(a) Broken wires per rope lay - exceeds normal wear in Table 1.10.2-1				
1.10.1.2(b) Maximum number of breaks is unequal and broken crown wires				
1.10.1.2(c) If four wires side by side broken across crown exceeds Table 1.10.2-1				
1.10.1.2(d) Unfavorable conditions, tension, sheaves, excessive wear on strands				
1.10.1.2(e) Red dust or rouge Table 1.10.3-1				
1.10.3 Replace below replacement value in Table 1.10.3-1 (undersize)				

Number of Governor Ropes	Diameter	Yes	No	Date
1.10.1.1(a) Permanently kinked, bent or deformed				
1.10.1.2(a) Broken wires per rope lay - exceeds normal wear in Table 1.10.2-1				
1.10.1.2(b) Maximum number of breaks is unequal and broken crown wires				
1.10.1.2(c) If four wires side by side broken across crown exceeds Table 1.10.2-1				
1.10.1.2(d) Unfavorable conditions, tension, sheaves, excessive wear on strands				
1.10.1.2(e) Red dust or rouge				
1.10.3 Replace below replacement value in Table 1.10.3-1 (undersize)				

Number of Compensation Ropes	Diameter	Yes	No	Date
1.10.1.1(a) Permanently kinked, bent or deformed				
1.10.1.2(a) Broken wires per rope lay - exceeds normal wear in Table 1.10.2-1				
1.10.1.2(b) Maximum number of breaks is unequal and broken crown wires				
1.10.1.2(c) If four wires side by side broken across crown exceeds Table 1.10.2-1				
1.10.1.2(d) Unfavorable conditions, tension, sheaves, excessive wear on strands				
1.10.1.2(e) Red dust or rouge				
1.10.3 Replace below replacement value in Table 1.10.3-1 (undersize)				

Number of Aramid Fiber Ropes	Diameter	Yes	No	Date
2.9.3 Aramid Fiber Rope due to exterior damage and rope tension				
2.9.4 Aramid Fiber Rope replacement when below 60% of breaking strength				

Number of Noncircular Elastomeric Coated Steel Suspension Members	Size	Yes	No	Date
3.7.2 Coated Steel Suspension Member (Belted Ropes) replaced due to wear				
3.7.3 Coated Steel Suspension Member (Belted Ropes) replaced due to damage				
3.7.4 Coated Steel Suspension Member (Belted Ropes) replaced due to strength				

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Date	Time	Name of Company or Mechanic
Description of Reported Trouble		
Resolution — Corrective Action Taken		

Date	Time	Name of Company or Mechanic
Description of Reported Trouble		
Resolution — Corrective Action Taken		

Date	Time	Name of Company or Mechanic
Description of Reported Trouble		
Resolution — Corrective Action Taken		

Date	Time	Name of Company or Mechanic
Description of Reported Trouble		
Resolution — Corrective Action Taken		

Date	Time	Name of Company or Mechanic
Description of Reported Trouble		
Resolution — Corrective Action Taken		