

EXAMINATION REPORT FOR ELECTRIC SERVICE LIFTS

1. Description of Installation

Location (Address) _____
 Manufacturer _____
 Model _____
 Lift No. _____
 Lift Location ID _____ Length of Travel _____ m
 Levels Served _____
 Rated Load _____ kg Rated Speed _____ m/s
 Power Supply at Time of Test _____ Volt _____ Phase _____ Hz
 Machine Room Location: above lift well / below lift well / at side
 Car Floor Area _____ m² Car Internal Height _____ m

2. Examinations and Tests

2.1 Suspension Not Tested

(a) Suspension Ropes

Number _____ Nominal Diameter _____ mm
 Have the suspension ropes attained the criteria for replacement in accordance with relevant clause of the applicable Works Code?
Yes No

(b) Type of Anchorages: Car _____
 Counterweight _____

Have the anchorages been examined and found in good working condition?
Yes No

2.2. Car Safety Gear Tests N.A. Fitted Not Tested

Note: The following tests should be conducted with the car descending.

(a) Progressive Type

Does the safety gear operate correctly if engaged at inspection / rated speed with 100% / 125% of the rated load uniformly distributed in the lift car? N.A. Yes No
 State the speed: _____ m/s

(b) Instantaneous Type

Does the safety gear operate correctly if engaged at rated speed with the rated load uniformly distributed in the lift car? N.A. Yes No

(c) The stopping distance is _____ mm

2.3. Counterweight Safety Gear Tests N.A. Fitted Not Tested

Note: The following test should be conducted with the counterweight descending.

(a) Progressive Type

Does the safety gear operate correctly if engaged at inspection / rated speed with the lift car empty? Yes No
OR

(b) Instantaneous Type

Does the safety gear operate correctly if engaged at rated speed with lift car empty? Yes No

2.4 Overspeed Governor / Safety Rope / Suspension Failure Device Test Not Tested

(a) Car N.A. Fitted

(i) Governor

Type _____ Serial No. _____

Device	Tripping Speed (m/s)	
	Marked	Measured
Electrical		
Mechanical		

State how the governor was tested on the installation:

Simulation / Free Fall / Actual Overspeed
 / Others _____

(ii) Safety Rope / Suspension Failure Device

Does the triggering mechanism operate correctly? Yes No

(b) Counterweight N.A. Fitted

(i) Governor

Type _____ Serial No. _____

Device	Tripping Speed (m/s)	
	Marked	Measured
Electrical		
Mechanical		

State how the governor was tested on the installation:

Simulation / Free Fall / Actual Overspeed
 / Others _____

(ii) Safety Rope / Suspension Failure Device

Does the triggering mechanism operate correctly? Yes No

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2.5 Brake Test Not Tested
 Is the brake capable of stopping the machine when the lift is travelling at its rated speed with 125% of the rated load? Yes No

2.6 Buffer Tests Not Tested
 (a) Car Buffer
 When the lift was brought into contact with the buffer with rated load at rated speed, was the operation satisfactory? Yes No

(b) Counterweight Buffer
 When the counterweight was brought into contact with the buffer with the car empty at rated speed, was the operation satisfactory? Yes No

2.7 Insulation Resistance to Earth and Earthing Not Tested
 (a) Lift Motor _____ MΩ (b) Safety Circuit _____ MΩ
 (c) Is the maximum continuity resistance to earth less than 0.5 Ω? Yes No

2.8 Safety Contacts/Circuits Not Tested
 (a) Have the contacts at each landing door been proved so that when broken there is no movement of the car? Yes No
 (b) Have the car door contacts been proved so that when broken there is no movement of the car? Yes No
 (c) Do the terminal stopping switches operate satisfactory? Yes No
 (d) Do the stopping device in machine room and in pit operate correctly? Yes No
 (e) Does the earthing of the most remote contact (lock or push button) operate a fuse or trip a breaker? Yes No

2.9 Current and Speed Tests (at mid-point of travel) Not Tested

	Lift Motor Speed (rpm)	Lift Speed (m/s)	Motor Input	
			(V)	(A)
No Load Down				
Full Load Up				

2.10 Traction Checks Not Tested
 Does the car stop under emergency conditions
 (a) with the car empty when travelling upwards in the upper part of the lift well at rated speed? Yes No
 (b) with 125% of the rated load when travelling downwards in the lower part of the lift well at rated speed? Yes No

3. General

(a) Are the maximum load and warning code displayed at each landing in compliance with relevant clause of the applicable Design Code? Yes No
 (b) Are the emergency instructions displayed in the machine room? Yes No
 (c) Is the machine room lighting adequate for maintenance purpose? Yes No
 (d) Are the provisions for ventilating the machine room adequate? Yes No
 (e) Is each machine room door or trap door compiled with the CoP on Building Works for Lifts and Escalators? Yes No
 (f) Is the clear space in front of the controller not less than 900mm in depth? Yes No
 If no, state details _____
 (g) Is the access to machine room and to all equipment safe and convenient? Yes No

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4. Declaration

I certify that on _____ the lift and all its associated equipment or machinery was thoroughly examined, and found to be free from obvious defects and in safe working order. I confirm also that the design and construction of the lift and all its associated equipment or machinery complied with relevant clause of the applicable Design Code, Works Code, and CoP on Building Works for Lifts and Escalators with the exception of the following items (if any, please specify).

Exceptions & Remarks:

The information in this examination report is an accurate record of the examination carried out on the aforementioned date.

Remarks:

Design Code means CoP on the Design and Construction of Lifts and Escalators
Works Code means CoP for Lift Works and Escalator Works

Name & Registration No. of
Registered Lift Engineer

Signature of
Registered Lift Engineer

Date