

# EXAMINATION REPORT FOR ESCALATORS/PASSENGER CONVEYORS

## 1. Description of Installation

Location (Address) \_\_\_\_\_

Environment: Outdoor  / Indoor

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

Escalator Location ID \_\_\_\_\_ Escalator No. \_\_\_\_\_

Angle of Inclination \_\_\_\_\_ degree Rated Speed \_\_\_\_\_ m/s

Vertical Rise \_\_\_\_\_ m Capacity \_\_\_\_\_ Persons/Hour

No. of Exposed Steps between Complates \_\_\_\_\_

Horizontal Travel Distance of the Steps at the ends \_\_\_\_\_ mm

Contract Power Supply \_\_\_\_\_ Volt \_\_\_\_\_ Hz \_\_\_\_\_ Phase

Type of Balustrade: Opaque  / Tempered Glass  / Others \_\_\_\_\_

Machinery Location: Inside Truss  / Outside Truss

Is yellow band provided on side edges  / leading  / trailing  edge? Yes  No

Is sump pump provided at upper  / lower  station? Yes  No

Is remote monitoring facilities provided? Yes  No

Is public service escalator? Yes  No

## 2. Static Examination

Not Tested

(a) Step

Has the step been certified in accordance with relevant clause of the applicable Design Code? Yes  No

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

Certificate No. \_\_\_\_\_ Date of issue \_\_\_\_\_

Step Width \_\_\_\_\_ mm Step Depth \_\_\_\_\_ mm

Step Height \_\_\_\_\_ mm

(b) Handrail

Has the handrail been certified in accordance with relevant clause of the applicable Design Code? N.A.  Yes  No

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

Certificate No. \_\_\_\_\_ Date of issue \_\_\_\_\_

Distance between Handrail Centrelines \_\_\_\_\_ mm

(c) Are the complates and terminal guides adjusted properly? Yes  No

(d) Has the brake(s) been examined and found to be in order? Yes  No

(e) Is an auxiliary brake provided? N.A.  Yes  No

## 3. Dynamic Tests

Not Tested

(a) Has the operation brake been tested at no load  / full load  up  / down  condition? Yes  No

The stopping distance is \_\_\_\_\_ mm

(b) Does the auxiliary brake operate properly? N.A.  Yes  No

(c) Does the overspeed device operate properly? N.A.  Yes  No

## 4. Driving Motor Current Tests

Not Tested

Driving Motor Manufacturer \_\_\_\_\_ Serial Number \_\_\_\_\_

Voltage at Time of Test \_\_\_\_\_ Rated Power \_\_\_\_\_

Form of Overload Protection:

3-Phase circuit breaker

Overloads in each phase

Others \_\_\_\_\_

		Running Current(A)	
		Up	Down
No Load			

Separate supply for machine compartment/power socket? Yes  No

## 5. Clearance

Not Tested

(a) Is the clearance between consecutive steps not exceeding 6mm? Yes  No

(b) Is the clearance between step and adjacent skirting not exceeding 4mm? Yes  No

(c) Is the total clearance between step and both skirting not exceeding 7mm? Yes  No

(d) Is the clearance between the upper surface of the step and the root of the comb teeth not exceeding 4mm? Yes  No

(e) Is the distance between the floor and the lower point of the handrail into the newel within the range of 0.1m to 0.25m? Yes  No

## 6. Insulation Resistance to Earth

Not Tested

Power System: \_\_\_\_\_ MΩ Safety Circuit: \_\_\_\_\_ MΩ

## 7. Earthing

Not Tested

(a) Are all metalwork enclosing conductors bonded to earth? Yes  No

(b) Is the maximum continuity resistance to earth less than 0.5Ω? Yes  No

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## 8. Half Hour Run

Not Tested

The escalator  / passenger conveyor  is to run unladen, fifteen minutes in the up  / forward  direction followed by fifteen minutes in the down  / backward  condition. Yes  No

Observations: \_\_\_\_\_

## 9. General (Escalator /Passenger Conveyor Work)

Not Tested

- (a) Emergency Stop Switch Yes  No
- (b) Broken Step Chain Device Yes  No
- (c) Broken Drive Chain  / Belt  Device N.A.  Yes  No
- (d) Handrail Inlet Switch Yes  No
- (e) Non-reversal Device Yes  No
- (f) Combplate Switch Yes  No
- (g) Operation Brake Yes  No
- (h) Step Sagging Brake Yes  No
- (i) Skirt Panel Safety Device Yes  No
- (j) Phase Protection Device Yes  No
- (k) Overspeed Device N.A.  Yes  No
- (l) Broken Handrail Device N.A.  Yes  No
- (m) Auxiliary Brake N.A.  Yes  No
- (n) Inspection Door and Trap Door N.A.  Yes  No
- (o) Handrail Speed Monitoring N.A.  Yes  No
- (p) Chair Tensioning Device in excess  $\pm 20$ mm N.A.  Yes  No
- (q) Missing Step Safety Device N.A.  Yes  No
- (r) Lifting of the Braking System Monitoring Device N.A.  Yes  No
- (s) Electrical safety devices to interlock successive escalators without intermediate exits N.A.  Yes  No
- (t) Electrical interlock for shutter gate (or similar device) installed sufficiently close to escalator N.A.  Yes  No

## 10. General (Other Works)

(1) Have the following items been properly provided?

- (a) Notices/pictographs for passengers Yes  No
- (b) Guards at adjacent building obstacles and criss-cross escalators N.A.  Yes  No
- (c) Rigid guard adjacent to escalator handrail N.A.  Yes  No
- (d) Notice on access door to machinery spaces N.A.  Yes  No

(2) Do the unrestricted landing areas comply with relevant clause of the applicable Design Code? Yes  No

(3) Does the clear height above step  / belt  comply with relevant clause of the applicable Design Code? Yes  No

## 11. New Installation / Modernization Related Items

This escalator works consist of the following item(s):

	New / Added	Replaced	Existing	N.A.
Skirt Panel Safety Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skirt Panel Deflector Device (Brush Type <input type="checkbox"/> / Rubber Type <input type="checkbox"/> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstruction Guard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Stop Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landing Floor Plate Safety Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auxiliary Brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step Sagging Safety Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing Step Safety Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Total Replacement

- Including Truss
- Excluding Truss

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## 12. Declaration

I certify that on \_\_\_\_\_ the escalator 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 escalator 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 Escalator Engineer

\_\_\_\_\_  
Signature of  
Registered Escalator Engineer

\_\_\_\_\_  
Date