THE UNIVERSITY OF KANSAS

University Fire Marshal Authority
Office of the Provost
Design and Construction Management

Elevator Inspection & Testing

To be used in conjunction with Elevator Contractors documentations of acceptance testing.

BUILDING: _____

PROJECT #: KU_____A-_____ **ENGINEER OF RECORD:** _____

INSPECTING:

1 _____ (Contractor) 4 _____ (____)
2 _____ (AHJ) 5 _____ (____)
3 _____ (Owner) 6 _____ (____)

FILL OUT ONE SHEET FOR EACH ELEVATOR CAR INSPECTED
CHECK SYSTEMS TESTED and or INSPECTED, list deficiencies below: Please date when appropriate

❑ *DATE:*_____/_____/_____ **Engineer of Record inspected and approved:**_____

ELEVATOR NO: _____ **TYPE:**_____

❑ *DATE:*_____/_____/_____ **Drop or Load Test**
Car rating: _____**Test weight:** _____**Date:**_____
*Witnessed by :*_____*By:*_____

❑ **Visual inspect all components of system, required clearances, door safeties, drop safeties.**
❑ **Shaft inspected, rating maintained- all penetrations grouted or caulked, no unassociated items.**
❑ **All tracks clean, top of elevator clean, no protrusions into shaft.**
❑ **Sprinkler at top of shaft (hydraulic only)- _____, Smoke and or heat detector at top- _____,**
❑ **Pit inspected, Service light-____, ladder-____, system shut off-____, sprinkler head (hydraulic only)___.**
❑ **Sump pit-_____, Water alarm- _____, Oil interceptor in place (hydraulic only)-_____.**
❑ **Fireman's I & II recall-_____, Tested-_____Primary Floor-_____Secondary -_____.**
❑ **Signage in place "***Use Stairs in case of Fire***"-_____, Emergency phone tested-_____(864-5926).**
❑ **Elevator equipment room- fire rated-_____, Shut off- _____, No shunt trip installed- _____.**
❑ **Other**_____

COMMENTS: (Punch list deficiencies and items to be added to comply with code)

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