



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)
