



Area: _____ Lift Name _____
Previous Test Date: _____ Original Install Date: _____ Lift Manufacturer: _____
Number of Carriers: _____ Carrier Spacing: _____ Carrier Type: _____
Test Weight (110%): _____ Number of Loaded Carriers (Uphill): _____ Number of Loaded Carriers (downhill): _____
Number of Carriers Per Original Design: Yes No Design Operating Line Speed (fpm): _____
Available Carriage Clearance (ft): _____ Available Counterweight Clearance (ft): _____
Tension Pressure: _____ Carriage Marked : Yes No Adequate Fuel Supply: Yes No
Annual Service Completed: Yes No Line Check Today By: _____

Empty Lift Tests
Accel Time: _____
Full speed Achieved: _____
N Stop Time/Distance: _____
Carriage Movement: _____
E Stop Time/Distance: _____
Carriage Movement: _____

Loaded Lift Tests (static)
Service Brake: _____
Bullwheel Brake: _____
Driveline Rollback: _____
Rollback Brake: _____
Automatic Rollback Brake Trip: Yes No

Loaded Lift Tests (Electric Drive)
Accel Time: _____
Full Speed Achieved: _____
N Stop Time/Distance: _____
Carriage Movement: _____
E Stop Time/Distance: _____
Carriage Movement: _____
Starting Amps: _____
Running Amps: _____

Loaded Lift Tests (APU Drive)
Accel Time: _____
Full Speed Achieved: _____
N Stop Time/Distance: _____
Carriage Movement: _____
E Stop Time/Distance: _____

Loaded Lift Tests (Evacuation Drive)
Accel Time: _____
Full Speed Achieved: _____
N Stop Time/Distance: _____
Carriage Movement: _____
E Stop Time/Distance: _____
Carriage Movement: _____

Downhill Loaded Lift Tests
Accel Time: _____
Full Speed Controlled: Yes No
N Stop Time/Distance: _____
Carriage Movement: _____
E Stop Time/Distance: _____
Carriage Movement: _____
APU Controls the Load: Yes No
Evacuation Controls the Load: Yes No

Notes: _____

At the time of this dynamic test, the Passenger Tramway was approved for operation to the public under the above conditions.

Passenger Tramway Technician

Date

Person in Charge of Dynamic Test

Date

Lift #:
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