



Date: _____ Permit No: _____
 City EQ: _____ House No.: _____
 Building Name: _____
 Location: _____
 Manufacturer: _____ Serves: _____
 Balustrade: _____ Speed: _____ Capacity: _____
 Owner/Manager: _____
 Billing Address: _____
 Inspection Performed By: _____ No: _____
 Code Compliant: _____

ASME A17.1 Periodic Inspection and Test Requirements Category 1

	P	F	N/A		P	F	N/A
8.6.8.15.1 Machine Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.8.15.9 Step Up Thrust Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.2 Machine Space Stop Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.8.15.10 Missing Pallet/Step	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.3 Controller and Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.8.15.11 Pallet Level/Broken Step Sag SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.4 Drive Machine and Brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.8.15.18 Comb Impact Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.4 Main Drive Shaft Brake (Pawl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.11.4.1(d) Step Demarcation Lights (1978 – 2005)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.4 Drive Brake Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.8.5 Skirt Obstruction Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.6 Broken Drive Chain Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.8.15.1 Truss Interior (110V Outlet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.8 Broken Step Chain Link SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.8.15.13 Handrail Safety Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.21 Inspection Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.3.8.15.11 Step/Pallet Level Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.13 Handrail Speed Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.11.4.1(v) Code Data Plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.7 Anti-Reversal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.8.15.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.5 O/U Speed/Tech/Encoder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.8.15.8 Step Band / Carriage Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.13 Handrail Inlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.11.4.1(j) Tandem Interlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.4 Brake Data Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.8.15.15 Step Chain Stretch/Gap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.13 Handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.11.4.1(h) Deck Barricades/Anti-Slide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.1 Lighting of Escalator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.8.6 Steps and Treadway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.2 Skirt Static Gap-5mm or 3/16, (.236 in.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.8.4 Comb Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.11.4(o) Balustrade Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.8.14 Floor Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.11.4(s) Outdoor/Remote Control Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6.8.15.3 Starting Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.11.4(j) Emergency Stop/Audible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.11.4.1(f) Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Specified Brake Torque _____ Tested Torque _____
 Comb Impacts: Yes No Top Vertical _____ Top Horizontal _____
 BTM Horizontal _____
 Clean Down Complete Yes No Skirt Index Test Complete Yes No
 Max Step Loaded Gap _____ Pallet Width _____

For more information or for a copy of this publication in an alternate format, contact Planning & Development at (602) 262-7811 voice or TTY use 7-1-1.