

PRINT IN INK or TYPE

LOCATION				OWNER ID NO.		
ADDRESS			CITY		STATE ZIP	
NORMAL DIRECTION OF TRAVEL			ESCALATOR SERVES		STATE ID NO.	
ASME inspection standard to be applied for unit:		Year of installation	Total travel (ft)	Rated Speed (fpm)		
NOTES:			Rated people/hour (rph)			
Step Skirt Performance Index			Did index polycarbonate test specimen meet the criteria			
Has the elevator skirt been cleaned?	Yes	No	Material: Polycarbonate without fillers	Yes	No	
Is all equipment calibrated and current?	Yes	No	Color: Natural, no pigments.	Yes	No	
Was unit tested in normal direction of travel	Yes	No	Finish: Glossy (roughness less than 0.32 uin	Yes	No	
Was the applied load 25 lbf?	Yes	No	Area in contact with skirt plane: 4.5+/-0.5in2 & 0.03in thick.	Yes	No	
Did it deviate more than +/- 2.5 lbf?	Yes	No		Yes	No	
Is distributed load area between 3in squared & 6in squared	Yes	No	Specification: GE Lexan 100 series or equivalent polycarbonate.	Yes	No	
Does this unit have skirt deflection devices?	Yes	No		Yes	No	
At what intervals was the index recorded?						
			Left	Right		
What were the Step/Skirt Performance Index measurements?						
How many readings per side were taken during the test? (identified when looking up from the bottom on the unit.)				Left	Right	
CHOOSE ONE OF THE FOLLOWING THREE ITEMS as described in ASME a17. 1 2004 item 8.6.8.3.3						
Condition 1: All units range $\leq .15$						
Condition 2: Escalators installed under ASME A17.1a-2002 & later editions Range: $\leq .25$ with skirt deflection devices.						
Condition 3: Escalators installed under ASME A17. 1-2000 & earlier editions Range: $\leq .4$ with skirt deflection devices.						
Did the escalator meet one of the applicable conditions above using the highest measurement obtained?					Yes	No
Have all readouts been attached to this form? Must be submitted for each test, properly labeled and dated?					Yes	No
DID THE UNIT PASS ALL TESTING REQUIREMENTS PRIOR TO BEING RETURNED TO SEVICE?					Yes	No
Brake Lining Condition:			Machine Room Light:	Top	Bottom	
Broken Drive Chain Device:			Machine Room Stop Switches:	Top	Bottom	
Comb Step Impact Devices:(Shall conforms to A17.1 6.1.6.3.13)			Missing Step Device:			
Demarcation Lighting:			Reversal Stop Device:			
Handrail Entry Device:			Reverse Phase Relay:			
Disconnected Motor Device:			Rolling Shutter Device:			
Drain in Bottom for Outside Escalators:			Signage:			
Drain Chain Tension:			Skirt Switches:	LH	RH	
Emergency Stop Buttons:			Speed Governor:			
Handrail Chain Tension:	LH	RH	Step Chain Tension:			
Handrail Monitoring Device:	LH	RH	Step Level Device:			
Landing Plate Switches:	Top	Bottom	Step Rollers:			
Lockable Fused Disconnect/circuit breaker:			Step Upthrust Device: Top	LH	RH	
Machine Room Cover Switches:	Top	Bottom	Step Upthrust Device: Bottom	LH	RH	
All fields must be marked as Pass,Fail or NA if safety device is not provided			Tandem Operation Interlock Device:			
COMPANY CONDUCTING TEST			NAME OF PERSON CONDUCTING TEST			
ADDRESS			SIGNATURE OF PERSON CONDUCTING TEST			
CITY	STATE	ZIP CODE	DATE			