



BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY
ELEVATOR SECTION

File Number: _____
Test Date: _____ E B1

HYDRAULIC ELEVATOR/LIFT PERIODIC TEST REPORT

State File Number 424243 Equipment Number 001 Equipment Type P
 Building Name LAUB MEDICAL GROUP
 Street Address 32 NORTHEAST AVE
 City HERSHEY State PA Zip Code 17033

Test Date (MM/DD/YYYY) 1/28/2023
 Test Start Time 09:00 AM PM Test Stop Time 09:50 AM PM

RELIEF VALVE TEST

Plunger diameter 3 X 2 (inches) Roping Yes No Rated Capacity 2100 (lbs)
 No load running pressure, Up Direction 190 (PSI)
 Working pressure Actual Calculated PSI 339
 Was pressure relief valve seal intact prior to test? Yes No
 Relief pressure 460 (PSI)
 Was test result (by-pass occurred prior to exceeding 150%) satisfactory? Yes No
 Relief valve test result. PASS FAIL

FLEXABLE HOSE & FITTING ASSEMBLY TEST N/A

Was test result satisfactory? Yes No
 Is metal tag attached to hose? Yes No

STATIC LOAD TEST – 15 MINUTE N/A

1. Oil level in tank prior to test (car at reference point). _____ (inches)
2. Oil level in tank at conclusion of test (car at reference point). _____ (inches)
3. Amount of variance in car position to reference point at the conclusion of the 15 minute static test with disconnect in an open position. _____ (inches)
4. Is there an oil loss? Yes No
 If YES, is the oil level loss accountable to visual oil leakage? Yes No
5. Static load test result. PASS FAIL

ADDITIONAL TESTS

Normal and terminal stopping devices:	<input checked="" type="checkbox"/> OK	<input type="checkbox"/> NG	<input type="checkbox"/> N/A
Fire fighter's emergency operation:	<input type="checkbox"/> OK	<input type="checkbox"/> NG	<input checked="" type="checkbox"/> N/A
Stand by emergency power operation:	<input type="checkbox"/> OK	<input type="checkbox"/> NG	<input checked="" type="checkbox"/> N/A
Power operation of door system:	<input checked="" type="checkbox"/> OK	<input type="checkbox"/> NG	<input type="checkbox"/> N/A
Emergency terminal speed limiting device:	<input type="checkbox"/> OK	<input type="checkbox"/> NG	<input checked="" type="checkbox"/> N/A
Emergency terminal stopping device:	<input type="checkbox"/> OK	<input type="checkbox"/> NG	<input checked="" type="checkbox"/> N/A

PRESSURE SWITCH TEST

Pressure switch test result. PASS FAIL

Official Use Only Date: ____/____/____ Check No. _____ Bates No. _____

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ADDITIONAL COMMENTS/NOTATIONS

TEST PERFORMED BY:

Elevator Company: TKE
Mailing Address: 56 GRUMBACHER DR
City, State, Zip Code: YORK PA
Person Conducting Test: GABE ZELLERS

PA CERTIFIED OFFICIAL WITNESS:

Witness Name: Tyler Walters
UCC Certification No. IO6667
Third Party Agency Certification No. A00055

Witness Signature:  Date: 11/28/2023 (MM/DD/YYYY)