

YOUR LOGO
HERE

ELEVATOR • ASME A17.1/CSA B44 PERIODIC TESTS, CATEGORY 1

Category 1 Elevator Test Checklist

Annual Category 1 visit per unit: prep, witness and AHJ steps, item results, tag, and next due date. Scope and methods follow the adopted edition, the AHJ, and the manufacturer's written procedures.

ELEVATOR CONTRACTOR

LICENSE # / PHONE

ELEVATOR / UNIT #

TEST DATE

TIME ON SITE

A Unit header

BUILDING / SITE NAME		SITE ADDRESS		CAR / HOISTWAY #	AHJ SERIAL / REGISTRATION #
EQUIPMENT TYPE ☐ Traction ☐ Hydraulic ☐ Machine-room-less ☐ Other			ADOPTED EDITION (DATA PLATE / MCP, AS POSTED)		
MECHANIC NAME		MECHANIC LICENSE / CERT #	WITNESS NAME (IF PRESENT)		WITNESS CREDENTIAL
LAST CATEGORY 1 DATE	LAST CATEGORY 5 DATE	WITNESS REQUIRED BY AHJ FOR CAT 1 ☐ Yes ☐ No ☐ Confirmed with AHJ		CATEGORY 5 ITEMS ALSO RUN THIS VISIT ☐ Yes ☐ No	

B Pre-test prep & witness

Complete before the car goes out of service. Witness rules vary by AHJ.

#	Step	Done	N/A	Notes
1	Unit identity (site, car / hoistway ID, AHJ serial) matches job ticket and MCP binder	☐	☐	
2	Cat 1 items that apply to this equipment type confirmed per adopted edition + manufacturer	☐	☐	
3	Last Cat 1 / Cat 5 dates and open deficiencies pulled from the unit record	☐	☐	
4	Operating certificate / posting requirements verified for this jurisdiction	☐	☐	
5	Out-of-service window, machine-room access, and FEO coordination agreed with the building	☐	☐	
6	AHJ or witness agency notified as required; credentials on hand	☐	☐	
7	Tools, tags, forms, and photo plan set (offline capture if no signal)	☐	☐	
8	On site: unit introduced, MCP and prior tags shown if asked, scope for this visit agreed	☐	☐	

C Cat 1 item checklist

Illustrative rows, not the code list. Mark N/A where a device or group does not apply to this unit.

#	Item	Pass	Fail	Bypass	N/A	Notes / reason / deficiency #
MACHINE ROOM / DRIVE						
1	Access restricted to elevator personnel; stop switches function	☐	☐	☐	☐	
2	Mainline disconnect labeled, lockable, accessible	☐	☐	☐	☐	
3	No abnormal noise, vibration, or heat at drive / controller	☐	☐	☐	☐	
4	Controller safeties not jumpered or defeated	☐	☐	☐	☐	
5	Wiring diagrams present; room condition noted	☐	☐	☐	☐	
BRAKE / SAFETIES (NO-LOAD)						
6	Brake operation / hold as applicable to this unit (no-load)	☐	☐	☐	☐	

#	Item	Pass	Fail	Bypass	N/A	Notes / reason / deficiency #
7	Safety-related devices exercised per adopted edition + manufacturer	☐	☐	☐	☐	
8	Abnormalities recorded; deficiencies opened to repair if Fail	☐	☐	☐	☐	
GOVERNOR / TERMINALS / BUFFERS						
9	Governor function check per adopted edition + manufacturer	☐	☐	☐	☐	
10	Normal / final terminal stopping devices checked	☐	☐	☐	☐	
11	Buffers checked as required for this visit	☐	☐	☐	☐	
DOORS / INTERLOCKS / FEO						
12	Hoistway door interlocks engage; car will not run unlocked	☐	☐	☐	☐	
13	Restrictor / unlocking-zone device operates	☐	☐	☐	☐	
14	FEO Phase I / II tested if scheduled this visit (if not, Bypass and note reason)	☐	☐	☐	☐	
EMERGENCY COMMS / CAR OPERATION						
15	Two-way emergency communication operates	☐	☐	☐	☐	
16	Alarm / emergency signal operates	☐	☐	☐	☐	
17	Emergency car lighting operates	☐	☐	☐	☐	
18	Car operation / leveling notes as observed	☐	☐	☐	☐	
HYDRAULIC-ONLY BLOCK (TRACTION / MRL: MARK N/A)						
19	Relief-valve / system-pressure check performed if required this visit	☐	☐	☐	☐	
20	Reservoir / jack / packing leak check as applicable	☐	☐	☐	☐	
21	Cylinder / buried-piping examination (only where AHJ / edition require)	☐	☐	☐	☐	

D Hydraulic relief valve & pressure

Hydraulic units only. Record what you measure; do not copy sample values.

Measurement	Unit	As-found	As-left	OK	Notes
Relief-valve setting	psi			☐	
System pressure (as applicable)	psi			☐	

E Deficiencies

Fail, or Bypass with a real deficiency: written notice to owner / manager and a repair job on this unit.

#	Item #	Deficiency	Repair job # / follow-up	Owner notified
				☐
				☐
				☐
				☐
				☐

F Results & sign-off

EVERY IN-SCOPE ROW CLOSED (PASS / FAIL / BYPASS) ☐ Yes ☐ No	OWNER / MANAGER NOTIFIED IN WRITING OF FAILS ☐ Yes ☐ No ☐ N/A	TEST TAG COMPLETED & DISPLAYED PER AHJ PRACTICE ☐ Yes ☐ No	RECORD RETAINED WITH UNIT MCP / MAINTENANCE RECORDS ☐ Yes ☐ No
PHOTOS TAKEN ☐ Test tag ☐ Gauges ☐ FEO panel ☐ Nameplates		MCP / UNIT HISTORY UPDATED ☐ Yes ☐ No	NEXT CATEGORY 1 DUE DATE
MECHANIC SIGNATURE & LICENSE / CERT # PRINT NAME DATE		WITNESS / OWNER SIGNATURE (IF PRESENT) PRINT NAME DATE	

Your AHJ, the adopted ASME A17.1/CSA B44 edition and local amendments, and the manufacturer's written procedures govern Category 1 scope, methods, witnessing, tags, and record filing or on-site retention; verify locally. Rows are illustrative and give no acceptance values. This form is a starting point for qualified elevator personnel, not the standard, and does not cover Category 5 procedure.