

Toll Free: 1-866-566-7233

Electric Elevator - Brake Declaration

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

Note: The information on this form is collected to administer the provisions of the Safety Standards Act and section 26 of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information & Privacy Analyst at 1-866-566-7233.

st at 1-8	366-566-7233.							
General	Date:			Elevator #:		# Floors:		
	Technical Safety BC Unit #:		Sp	Speed:		Capacity:		
	Building Name:			Owner:		-		
	Address:							
	City:							
Brake Examination	Component				Dismantled & Inspected	Rep	Replaced	
				Yes	Yes	No		
	Brake Disc, pads & running clearances							
	Brake linings & running clearances							
	Brake Drum							
	Brake Pins & levers:							
	Springs/Arms/Adjusting Bolts:							
	Brake Sleeves/Cores/Plungers:							
	Brake Adjusted? Please provide Torque / Spring Length					Remarks:	Remarks:	
	Ft/lb:	Ft/lb: N/m: Sprii		ng Length:				
	Brake tested empty car up at rated speed							
	Brake holds							
	Is Driving Machine Brake unit Non-serviceable as per Original Equipment Manufacturer? If Yes, have servicing specs been met?					,		
		n this form constit es with all applicab				tion that the	work herein	
Elev	ator Contrac	tor name:						
Name of Mechanic:			Signature:		Date:	Date:		
Reviewed by:			Signature:		Date:	Date:		
	Where	there is a conflict between	this Guideline a	and the Act and	Regulations: the Regula	tions shall prevail.		