

Annual Traction Sheave Brake Test Declaration – Electric Elevators

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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.

GENERAL	Date:	Elevator #:	# Floors:
	Technical Safety BC Unit ID #:	ELEVATOR CLASS: Passenger <input type="checkbox"/> Freight <input type="checkbox"/>	
	Building Name:		
	Address:	MACHINE ROOM LOCATION: Overhead <input type="checkbox"/> Basement <input type="checkbox"/>	
	City:		
	Owner:	Speed:	Capacity:

SHEAVE BRAKE TESTS		Yes
	Has the device been fully dismantled and cleaned?	
	Has the device been manually operated to check for freeness of operation?	
	Is the Frictional Plate in working condition? (ie. Crack free)	
	Is the Safety Switch Operational?	
	Is the Release & Pick-up Operation of the Solenoid Coil verified?	
	Has the Power supply & Backup Battery been verified?	
	Has the Running Gap been verified?	
	Has the Up Unintended Motion Test been successfully performed?	

Your signature on this form constitutes your legally binding representation that the work herein referred to complies to all applicable regulations, codes and standards.

Contractor performing tests:		
Mechanics name:	Signature:	Date:
Reviewed by:	Signature:	Date:

Where there is a conflict between this Guideline and the Act and Regulations; the Regulations shall prevail.

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