**DEPARTMENT OF LABOUR**

**NO. R. 52** **26 JANUARY 2018**

OCCUPATIONAL HEALTH AND SAFETY ACT, ACT 85 OF 1993

LIFT, ESCALATOR AND PASSENGER CONVEYOR REGULATIONS INCORPORATION OF THE CODE OF PRACTICE FOR INSPECTION AND TESTING OF LIFT.

The Chief Inspector of Labour intends, in terms of section 43 of Occupational Health and Safety Act, Act 85 of 1993 on the recommendation of The Advisory Council for Occupational Health and Safety, to incorporate the code of practice for inspection and testing of lift in to the Lift, Escalator and Passenger Conveyor Regulations, 2010.

Interested persons are invited to submit any substantiated comments or representations on the proposed code of practice to the Director General, Department of Labour, Private Bag x 117, Pretoria, 0001 (For the attention of the Chief Inspector: Occupational Health And Safety), within 90 days of publication of this notice.

# CODE OF PRACTICE FOR INSPECTION AND TESTING OF LIFTS

## Content

# Vertical lift platform

## Commissioning report

| | | | | | |
|---|---|---|---|---|---|
| Lift No. | | Site | | | Date tested / / |
| Model | | | | | Manufacturer |
| Travel mm | Wall mounted Structure supported | | | | Load Kg/ Persons |
| No. of floors | Front Rear Side | | | | Speed m/s |
| Mains V | Fuse spec. Fitted Type | | | | Control V |
| DA Roped | No ropes Rope O mm | | | | Wedge Rope grips No. |
| Platform size | Wide Deep | | | | Lay and const. |
| Ram O mm | Type one piece Telescopic Manufacturer | | | | |
| Hose O mm | Date manufactured / (mm/yy) Test pressure kPa | | | | |
| Motor make | Type | | Serial No. | | |
| Speed rpm | Max. A | V | Power rating h.p. kW | | |
| Pump and valve make | | | Serial No. | | |
| Earth loop impedance | RCD device | | Earth continuity | | |
| Insulation test | Motor M_ | Mains M_ | Safety M_ | | |
| Car loading | Pressure | Lift speed | Lift motor readings | | |
| | kPa | m/s | V | A | |
| Empty | Up | | | | |
| | Down | | | | |
| Rated | Up | | | | |
| | Down | | Manual lowering speed m/s | | |
| Journey time (Total travel up with full load) s | TR1 setting s trip time s | | | | |
| Motor protection | Stall current A | Trip time s | Overload setting A | | |
| Rupture valve operation | Rupture valve adjuster bolt settings mm | | | | |
| Safety gear operation | Distance travelled upon operation mm | | | | |
| X 2 pressure kPa | Static pressure Empty kPa Rated kPa | | | | |
| Pressure Sw kPa | Relief valve kPa | Secured from unauthorized interference | | | |
| Pipework | Oil level with lift at top floor | Anti-creep operation full load | | | |
| Overtravels | Top O/T mm | Top U/L mm | Bottom O/T mm | | |
| Floor level deviation | Full load ± mm | No load ± mm | Clean ram mm | | |
| Contacts and circuits | Limits | Ultimate limit latching | Car stop switch | | |
| Pit stop switch | Pit prop switch | Landing locks | Safety gear switch | | |
| Anti-creep | Car safety edges | Car light rays | Push buttons | | |
| Indicators | Alarm | Remote alarm | Key switches | | |
| Key number(s) | | | | | |
| CE marks | Car | Locks | Buffers | Rupture valve | Safety gear |
| Landing door type | Fire rated Rating min | | Powered Manufacturer | | |
| Test complete Yes No | H/Over Yes No | Items Bldr | | | |
| Tested by | Signature | Date / / | | | |

Site address: ……...

Lift number: ……

Contract electrical supply: 240 V 1 Phase: 50 Hz

Travel: m Number of levels served:

Rated load: kg Rated speed: m/s

**Examination and test**
**Earthing arrangements**

a. Is all metal work that encloses live electrical conductors bonded to the main earthing terminal by protective conductors? Yes No

b. Is the platform bonded to earth by a separate protective conductor? Yes No

c. Does the resistance of the earth protective path exceed 0,1/Ω? Yes No

Insulation resistance to earth

a. Power circuits M/Ω

b. Safety circuits M/Ω

Electrical tests:

a. Main voltage, at time of test V

b. Control circuit voltage, at full load V

c. Key wiring diagram numbers

d. Motor data plate details PH/ V/ A

e. What is the actual running current with full load? A

f. Type of motor overload? 6A Thermal circuit breaker

LIFT NO.:

3

**Sensitive edges**

| | | | | |
|---|---|---|---|---|
| a. Does the platform sensitive edge prevent upward movement of the lift when operated at both ends and at mid point? | Yes | | No | |
| b. Does the platform sensitive edge prevent upward movement of the lift when operated on all three sides of the platform? | Yes | | No | |

**Isolation keyswitch**

| | | | | |
|---|---|---|---|---|
| a. Does the isolation keyswitch disable the lift? | Yes | | No | |
| b. Do the landing isolation keyswitches disable the adjacent call button? | Yes | | No | |

**Levelling accuracy**

| | | | | |
|---|---|---|---|---|
| With the rated load on the platform, does it level to within ± 1 mm of the landings served? | Yes | | No | |

**Liftway protection**

| | | | | |
|---|---|---|---|---|
| a. Is the liftway protection recommended in ..... adequate? | Yes | | No | |
| b. Is a stop switch provided in the pit and on the carriage? | Yes | | No | |
| c. Do the stop switches prevent movement of the car when operated? | Yes | | No | |

**Doors and interlocks**

| | | | | |
|---|---|---|---|---|
| a. Are all enclosure doors/gates fitted with interlocks? | Yes | | No | |
| b. Do the interlocks operate correctly? | Yes | | No | |
| c. With the platform between floors (out-of-door zones), are the doors/gates prevented from opening via the normal platform and landing controls? | Yes | | No | |
| d. With any door of the lift open, will the lift travel in either direction? | Yes | | No | |

**Clearances**

| | | | | |
|---|---|---|---|---|
| Are the liftway clearances as recommended in ..... ? | Yes | | No | |

| |
|---|
| LIFT NO.: |

**Notices**

| | | | | |
|---|---|---|---|---|
| a. Is the "emergency lowering" notice fitted to the hydraulic pump unit? | Yes | | No | |
| b. Is the correct load plate fitted on the platform? | Yes | | No | |
| c. Is the "electrical" warning notice fitted to the controller cabinet door? | Yes | | No | |
| d. Is the notice fitted to the switch fuse box "Switch off only when the platform is at the lowest level"? | Yes | | No | |
| e. Is the emergency release label fitted to both manual door locks? | Yes | | No | |

**Isolation keyswitch**

| | | | | |
|---|---|---|---|---|
| a. Is the manually operated scotching device available? | Yes | | No | |
| b. If so, does the device operate correctly? | Yes | | No | |

**Emergency back-up supply**

| | | | | |
|---|---|---|---|---|
| a. Does the battery back-up supply lower the lift and unlock the door? | Yes | | No | |
| b. Is the platform alarm operational? | Yes | | No | |

**Limit switches**

| | | | | |
|---|---|---|---|---|
| a. Do the terminal stopping switches stop the lifting platform at terminal levels? | Yes | | No | |
| b. Does the ultimate limit switch stop the lifting platform when operated? | Yes | | No | |
| c. State the overtravel of the platform when the ultimate limit switch is operated. | | mm | | |

**Hydraulic drive unit tests**

| | |
|---|---|
| a. With rated load in the car and at highest floor level, state the static hydraulic fluid pressure: | kPa |

b. Provide the following details of the pump unit (as stated on data plate):

| | |
|---|---|
| (1) Manufacturer: | |
| (2) Serial or reference number: | |
| (3) Type: | Motor/screw pump |
| | LIFT NO.: |

5

c. Measure and record the following normal running operational data:

| Platform loading condition | Hydraulic pressure (see note) kPa | Journey time s | Lift speed m/s |
|---|---|---|---|
| Empty, down | | | |
| Empty, up | | | |
| Rated, down | | | |
| Rated, up | | | |
| NOTE Take pressure readings between check valve or down direction valve and the supply line to the ram. | | | |

d. Is the motor run timer set at the longest upward journey time + 10 s? Yes ☐ No ☐

e. What is the recorded trip time? ☐

f. What is the setting of the lift pause timer (PT)? ☐

g. What is the pressure at which the relief valve operates (5 500 kPa nominal)? ☐

h. Is the integrity of the pipework acceptable? Yes ☐ No ☐

i. Is the relief valve secured against unauthorized interference? Yes ☐ No ☐

j. Does the rupture valve stop the lift when the platform is empty? Yes ☐ No ☐

k. Does the manual lowering valve function correctly and lower the car at a slow speed not exceeding 0,15 m/s? Yes ☐ No ☐

l. When held stationary over a period of 10 min under full load conditions at the upper level, does the platform creep more than 0,5 % of the maximum lift travel? Yes ☐ No ☐

m. Does the anti-creep device operate at the upper landing level? Yes ☐ No ☐

n. Does the cabin overload device operate when the maximum load is exceeded by 75 kg? Yes ☐ No ☐

LIFT NO.:

Exemptions – List any exemptions from the recommendations of ..... for lifting platforms, showing (in all cases) the authority for such exemptions.
……
……
……
……

a. Has the lift been changed to latching control buttons at the customer's request. If yes, the lift manufacturer will not be liable for public or personal damages and injury. Yes ☐ No ☐

Name of authority for this exemption:

Printed: …….. Signature: ……

**Site**

a. Does the installation comply with the general arrangement? Yes ☐ No ☐

b. Are there any irregularities/special revisions on site? Yes ☐ No ☐

**Handover**

a. Has the user manual been handed over to the user/owner? Yes ☐ No ☐

b. Lift operation demonstrated and handed over to:

Name: ……. Position: ……..

Representing: …… Tel No.: ……..

c. Is the installation fully compliant with all requirements? Yes ☐ No ☐

d. Has the certificate of conformity been issued to the purchaser? Yes ☐ No ☐

e. Is the user/owner satisfied with the product? Yes ☐ No ☐

This lift was thoroughly examined and found to be free from obvious defects and to comply with the requirements of ..... and the foregoing is a correct report of the result.

Tested by:

| | | | |
|---|---|---|---|
| Name (in capitals): | | Signed: | |
| Address(es): | | Date: | |

# Vertical lifting platform

## Comprehensive report

Report for new installations, modifications and periodic inspection and testing of vertical lifting platforms

| | |
|---|---|
| Name and address of inspection service provider: | |
| Inspection service provider telephone number: | |
| Department of labour registration number: | |
| Document reference number: | |

NOTE: Statements and replies to the relevant questions should be annotated in the appropriate box. Where "YES" or "NO" replies are necessary, the appropriate box should be ticked.

**1 Premises**

| | |
|---|---|
| 1.1 User | |
| 1.2 Name and address of premises | |

**2 Lift data**

| | | | |
|---|---|---|---|
| 2.1 Name of manufacturer | | 2.6 Official identification | |
| 2.2 Year of installation | | 2.7 Unit identification | |
| 2.3 Year of upgrade | | 2.8 Rated load | |
| 2.4 Service provider | | 2.9 Rated speed | |
| 2.5 Date of previous report | | 2.10 Type of previous report | |

**3 Documentation**

| | Yes | No | Refer to item 5 Non-conformances |
|---|---|---|---|
| 3.1 Are all relevant records in place in accordance with SANS 1545-5 and lift, escalator and passenger conveyor regulations? | | | |
| 3.2 Is the commissioning document complete and present in the machinery compartment? | | | |

**4 Condition of lift**

| 4.1 Were the following parts of the lift inspected or tested (or both) to verify that they are safe, compliant and in good working order: | Yes | No | Refer to item 5 Non-conformances |
|---|---|---|---|
| a) enclosure of lift well? | | | |
| b) landing doors, car doors, closing effort, kinetic energy and reversal devices? | | | |
| c) interlocks on landing doors and car doors? | | | |
| d) door fastenings and surrounds? | | | |
| e) car and counterweight guide fittings, buffers and interior of lift well? | | | |
| f) overrunning devices and floor levels? | | | |
| g) suspension, ropes or chains and attachments? | | | |
| h) safety gear (i.e. arrangements for preventing the fall of the car and counterweight)? | | | |
| i) brakes and traction? | | | |
| j) all electrical equipment? | | | |
| k) if present, the hydraulic rupture valve? | | | |
| l) if present, the hydraulic electric anti-creep device? | | | |
| m) the hydraulic condition of jack and piping | | | |
| n) if present, the hydraulic system? | | | |

**4.2** All non-conformances of measurement, conditions or adjustments and defects found shall be substantiated and recorded in 5 below.

Document reference number:

**5 Non-conformances of regulatory requirements, repairs, renewals, alterations or safety**

**5.1** The following safety items shall be attended to immediately (before this lift can be used with safety):

**5.2** The following items shall be attended to within a specified period not exceeding 60 days. Items (listed below) that are not rectified within 60 days render this report invalid and shall be reported by the inspection service provider as required.

**6 Declaration by the registered lift inspector**

I certify that on (yyyy-mm-dd) I thoroughly inspected or tested (or both) this lift and that the above is a true report of the results.

Registration category: Registration number:

Physical address: Postal address:

Reg. lift inspector's name:

Contact tel. No.: Signature:

**7 Technical signatory**

Name:

Date: (yyyy-mm-dd) Signature:

# Access, goods only lifts

## Commissioning report

NOTE: Statements and replies to all relevant questions should be annotated in the appropriate boxes. Where multiple questions are posed, only one of the alternative boxes should be ticked.

**1 Description of installation**

Location:

Vendor:

Vendor's identification No.:

Official installation No.:

Length of travel …… m

Technical data:

No. of levels served: Front

Technical data appended as table A.2?

Rear

Yes No

Rated load: kg

Have the correct fuses been fitted (see table A.2)?

Number of persons:

Yes No

Rated speed: m/s

Power supply at time of test:

V

Permanent

Amp

Temporary

Hz

Phase

Wire

Machinery location:

a) above well: b) below well: c) at side: d) in well: :

Machine room temperature at the start of the dynamic tests: °C

**2 Suspension**

Reeving ration:

**2.1** Suspension ropes:

a) number: b) nominal diameter: mm

c) lay and construction:

**3 Brake**

**3.1** Does the brake sustain the static car, in the lower part of its travel, at the rated load plus 25 %? Yes ☐ No ☐

**3.2** Does the brake stop the machine when the car travels downward at rated speed and with rated load plus 25 %? Yes ☐ No ☐

**4 Overspeed governor**

**4.1** Has the governor been certified as complying with F.4 and in accordance with F.4 of SANS 50081-31? Yes ☐ No ☐

If no, refer to annex A of SANS 50081-31.

**4.2** Is the data plate in accordance with D.2 and F.4 of SANS 50081-31:? Yes ☐ No ☐

**4.3** Is the governor sealed? Yes ☐ No ☐

**4.4** Overspeed governor rope

Does the governor rope conform with F.4 of SANS 50081-31 ? Yes ☐ No ☐

**4.5** Overspeed governor tests and checks

Did the governor car/counterweight tripping speed and stopping control operate satisfactory when tested? Yes ☐ No ☐

Record measurements in item 4.6.

**4.6** Car governor

**4.6.1** Complete the following:

a) governor type: ☐ b) serial No.: ☐

| Device | Tripping speed | | | Does it operate effectively? | |
|---|---|---|---|---|---|
| | Marked | Measured | | | |
| | | Car up | Car down | Yes | No |
| Electrical | ☒ | m/s | m/s | | |
| Mechanical | m/s | m/s | m/s | | |

**4.6.2** State how the car governor was tested at the installation:

……

……

**5 Traction checks** (G.1.2) of SANS 50081-31

**5.1** Does the car stop under emergency conditions:

a) with the car empty when travelling upwards at the rated speed? Yes ☐ No ☐

b) with the rated load plus 25 % when travelling downwards in the lower part of the well at rated speed? Yes ☐ No ☐

**5.2** With the counterweight resting on its compressed buffers, is it impossible for the empty car to be raised under power? Yes ☐ No ☐

**6 Clearances and run-bys**

**6.1** Will the car and counterweight clear all obstacles when driven at low speed:

| | | | | |
|---|---|---|---|---|
| a) with the car and the rated load compressing the car buffers? | Yes | ☐ | No | ☐ |
| b) with the car empty and the counterweight compressing its buffers? | Yes | ☐ | No | ☐ |
| **6.2** What is the distance to the first striking point above the car with the counterweight on the compressed buffer? | | mm | | |
| Does this comply with 5.2.11 of SANS 50081-31? | Yes | ☐ | No | ☐ |

NOTE Calculate as given in 5.2.11 of SANS 50081-31.

| | | | | |
|---|---|---|---|---|
| **6.3** What is the estimated distance to the first striking point above the counterweight with the car on the compressed buffers? | | mm | | |
| Is this at least 300 mm? | Yes | ☐ | No | ☐ |
| **6.4** With the car on its fully compressed buffers, is there sufficient space to accommodate the rectangular block specified in 5.2.11 of SANS 50081-31 and a space of at least 0,5 m between the bottom of the pit and the lowest point of the car? | Yes | ☐ | No | ☐ |

NOTE The clear distance between the bottom of the pit and the lowest part of the guide shoes or rollers of safety gear blocks, toe guards or parts of vertical sliding doors, should be at least 0,1 m.

**7 Landing doors and surrounds** (Entrance clearances)

| | | | | |
|---|---|---|---|---|
| **7.1** Is the horizontal distance between the sill of the car and sill of all landing doors 35 mm or less? | Yes | ☐ | No | ☐ |
| **7.2** Is the running clearance between door panels and between panels and uprights, lintels or sills 6 mm or less (see 5.2.8 of SANS 50081-31? | Yes | ☐ | No | ☐ |
| **7.3** Is the distance between the inner surface of the well and the sill or framework of the car entrance or door 0,15 m or less, or 0,2 m if over a height not exceeding 0,5 m? | Yes | ☐ | No | ☐ |

**8 Dynamic tests – Safety contacts/circuits**

| | | | | |
|---|---|---|---|---|
| **8.1** Have the contacts at each landing entrance been proved so that when the contacts are broken, there is no movement of the car? | Yes | ☐ | No | ☐ |
| **8.2** Have the mechanical locks at each landing entrance been proved for positive locking? | Yes | ☐ | No | ☐ |
| **8.3** Have the car door/gate contacts been proved so that when the contacts are broken, there is no movement of the car? | Yes | ☐ | No | ☐ |
| **8.4** If separate terminal stopping switches are fitted, do they operate satisfactory? | Yes | ☐ | No | ☐ |
| **8.5** Do the final limit switches remove the motor supply before the car or counterweight makes contact with the buffers? | Yes | ☐ | No | ☐ |
| **8.6** Have all the other switches/contacts in the safety circuits been proved so that when the switches/contacts are broken, there is no movement of the car? | Yes | ☐ | No | ☐ |

**8.7** Have all the other switches/contacts in the safety circuits been proved so that when the switches/contacts are broken, there is no movement of the car? Yes ☐ No ☐

**8.8** Does the earthing of the most remote contact (lock or push button) operate a fuse or trip a circuit-breaker without delay? Yes ☐ No ☐

**9 Door test**

Where appropriate, the following test should be carried out with the car and landing doors coupled (see 5.4 of SANS 50081-31):

How are the doors operated? Manually ☐

Powered ☐

**10 Measurements of the electrical system**

**10.1** State the power system: ☐

**10.2** Provide the following details of the lift motors (as stated on the data plate):

a) manufacturer: ☐ e) current rating: ☐

b) serial no.: ☐ f) speed: ☐

c) type: ☐ g) class of insulation: ☐

d) power rating: ☐ h) duty rating: ☐

**11 Operational data**

Measure and record the following operational data when the car is at midpoint of travel:

| **High speed operation** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Car loading condition** | | **Lift motor speed** r/min | **Lift speed** m/s | **Lift motor input** | | | **System input** | | | **Levelling deviation (+ or -)** mm |
| | | | | **Running** | | **Start** | **Running** | | **Start** | |
| | | | | V | A | A | V | A | A | |
| Empty | Up | | | | | | | | | |
| | Down | | | | | | | | | |
| Balanced | Up | | | | | | | | | |
| | Down | | | | | | | | | |
| Rated | Up | | | | | | | | | |
| | Down | | | | | | | | | |

**12 Lift motor overcurrent protective device – Main windings**

**12.1** Measure and record the following (as appropriate):

| **Type of device** | **Manual reset** | **Automatic reset** | **Time to separate** s | **Trip current** A |
|---|---|---|---|---|
| Circuit-breaker | | | | |
| Overloads, in each phase | | | | |
| Timing delay | | | | Full load |
| Thermistor | | | | |

**12.2** Have these been found to be satisfactory? Yes ☐ No ☐

**13 Balance and levelling**

**13.1** From the measurements recorded in item 11, is the balance satisfactory? Yes ☐ No ☐

**13.2** State the percentage of the balance:

a) design: ☐ b) actual: ☐

**13.3** Does the lift stop within the levelling accuracy recommended by the manufacturer? Yes ☐ No ☐

**14 Insulation resistance to earth**

NOTE The value should not be less than 0,5 MΩ at 500 V when measured using a calibrated instrument.

**14.1** Lift motor: ☐ MΩ

**14.2** Safety circuits: ☐ MΩ

**14.3** Power systems: ☐ MΩ

**15 Earthing**

**15.1** Is the maximum continuity resistance to earth less than 0,5 MΩ? Yes ☐ No ☐

**15.2** Is the car connected to the controller earthing terminal by a separate conductor ≥ 0,75 $mm^2$ ? Yes ☐ No ☐

**16 Protection of conductors**

**16.1** Is the fixed wiring in conduit (or trunking, or fittings that ensure equivalent protection) throughout? Yes ☐ No ☐

**16.2** If not, do the cables comply with 5.9 of SANS 50081-31? Yes ☐ No ☐

**17 Phase reversal and phase failure device**

If fitted, does the phase reversal and phase failure device operate correctly? Yes ☐ No ☐

**18 Car roof control station (if fitted)**

**18.1** Speed up: ☐ m/s Speed down: ☐ m/s

**18.2** Does the design and operation of the car roof station comply with 5.10.2.3 of SANS 50081-31? Yes ☐ No ☐

NOTE 1 Where required, the car roof should be fitted with a balustrade (see 5.5.1.6 of SANS 50081-31).

NOTE 2 The car roof should fulfil all lift requirements of 5.5.1.6 of SANS 50081-31.

**19 Pressure**

| | | |
|---|---|---|
| **19.1** Pressure at which the pressure relief valve is operated (see G.2.5 of SANS 50081-31): KPa | kPa | |
| **19.2** Is the integrity of the pipe work satisfactory? | Yes ☐ | No ☐ |
| **19.3** Is the relief valve secured against unauthorized interference? | Yes ☐ | No ☐ |
| **19.4** Does the check valve hold the car with the rated load at floor level? | Yes ☐ | No ☐ |
| **19.5** Is a functional rupture valve in place? | Yes ☐ | No ☐ |
| **19.6** Does the operation of the manual lowering valve lower the car at a speed not exceeding 0,3 m/s? | Yes ☐ | No ☐ |
| **19.7** In case of an indirect acting lift, when the car is manually lowered onto a prop, does a slack chain or slack rope condition occur? | Yes ☐ | No ☐ |
| **19.8** In the case of an indirect acting lift, does the slack chain/rope switch or pressure switch prevent operation of the lift until pressure has been re-established by resetting the switch? | Yes ☐ | No ☐ |
| **19.9** Have precautions been taken against overheating and contamination of the fluid? | Yes ☐ | No ☐ |

**20 Anti-creep**

| | | |
|---|---|---|
| **20.1** Does the anti-creep device automatically prevent the car from moving away from the floor level by more than 75 mm when the car is within a zone which extends 0,12 m below the landing level (see G.2.5 of SANS 50081-31)? | Yes ☐ | No ☐ |
| **20.2** Does the device operate with the car landing doors both open and closed? | Yes ☐ | No ☐ |
| **20.3** Do the electrical protective devices (except those for the pump motor) and the car stop switch prevent the anti-creep device from operating correctly (see G.2.5 SANS 50081-31)? | Yes ☐ | No ☐ |
| **20.4** Does the isolating switch in the machine room bear the legend "switch to be kept closed at all times, except during maintenance or repairs"? | Yes ☐ | No ☐ |

**21 Duty cycle test**

Does the lift operate satisfactory for a period of at least 0,5 h when running with the rated load, full travel and intermediated stops at a rate of starts at least equal to the number of starts per hour? Yes ☐ No ☐

If the answer is No, state the reasons:

……
……
……

NOTE It might be necessary to omit the operation of the doors to achieve the required number of motor starts per hour.

**22 General**

22.1 Are the emergency instructions displayed in the machinery space? Yes ☐ No

22.2 Does the emergency lowering system(s) function correctly in accordance with G.2.5 of SANS 50081-31? Yes ☐ No

22.3 Has the functioning of the emergency lowering system(s) been demonstrated? Yes ☐ No

22.4 If the answer to item 22.3 is Yes, to whom has it been demonstrated?

Name:……

Organization……

**22.5** Is the maximum load (e.g. the number of persons, kilograms and identification no.) indicated in the car? Yes ☐ No ☐

**22.6** Does it comply with 7.1.3 of SANS 50081-31? Yes ☐ No ☐

**22.7** Is an overload in accordance with 5.10.2.7 of SANS 50081-31? Yes ☐ No ☐

**22.8** Is the artificial lighting in the machine room adequate for maintenance purposes (see J.4 of SANS 50081-31)? Yes ☐ No ☐

**22.9** Does any artificial lighting in the well comply with 5.2.13 of SANS 50081-31? Yes ☐ No ☐

**22.10** Are the machinery space conditions satisfactory (see 5.3 and J.4 of SANS 50081-31:? Yes ☐ No ☐

**22.11** In the case of an installation without a machine room, are the machine spaces satisfactory and safe? Yes ☐ No ☐

If the answer is No, state the reasons:

……
……
……
……

……
……

……
……

**22.12** Are the provisions for ventilating the machinery space adequate (see 5.3.1.4 of SANS 50081-31:? Yes ☐ No ☐

**22.13** State the machine space temperature at the end of the duty cycle test. . ☐ °C

**22.14** Is the temperature rise acceptable? Yes ☐ No ☐

**22.15** Are the machinery space doors or trap doors or control panels placed elsewhere than in a lockable machinery space fitted with a suitable lock that complies with 5.3 of SANS 50081-31? Yes ☐ No ☐

**22.16** Is there a means of access to all items of lift equipment, in accordance with 5.3 of SANS 50081-31? Yes ☐ No ☐

**22.17** Are the safety notices/instructions specified in 7.1.2 of SANS 50081-31displayed? Yes ☐ No ☐

**22.18** Has a counterweight screen been fitted? If no, refer to 5.2.10 of SANS 50081-31. Yes ☐ No ☐

**22.19** Has a car apron been fitted? Yes ☐ No ☐

**23 Conclusions**

**23.1** Is the lift installation complete? Yes ☐ No ☐

**23.2** Are there any other matters that require attention before the installation is put into service? Yes ☐ No ☐

NOTE Such matters might not form part of the contract for the lift but might form part of the installation and be the responsibility of others.

**23.3** If the answer to item 21.2 is Yes, provide the details:

……
……
……
……
……
……
……
……
……

**24 Declaration**

I certify that the equipment was thoroughly examined and found to be free from obvious defects, and to comply with this part of SANS 1545 and the relevant clauses of SANS 50081-31 , and that the foregoing is a correct report of the results.

Name: …….. Signature: …… Date: ……..

Name of examining body:

Examination body …… Examination body ……..
Residential address: …….. Postal address: ……..

Examiner's position in the above organization:

Examiner's qualifications:

# Access, goods only lifts

## Comprehensive report

Report for new installations, modifications and periodic inspection and testing of electric lifts

| | |
|---|---|
| Name and address of inspection service provider: | |
| Inspection service provider telephone number: | |
| Department of labour registration number: | |
| Document reference number: | |

NOTE Statements and replies to the relevant questions should be annotated in the appropriate box. Where "YES" or "NO" replies are necessary, the appropriate box should be ticked.

**1 Premises**

| | |
|---|---|
| **1.1** User | |
| **1.2** Name and address of premises | |

**2 Lift data**

| | | | |
|---|---|---|---|
| **2.1** Name of manufacturer: | | 2.6 Official identification: | |
| **2.2** Year of installation: | | 2.7 Unit identification: | |
| **2.3** Year of upgrade: | | 2.8 Rated load: | |
| **2.4** Service provider: | | 2.9 Rated speed: | |
| **2.5** Date of previous report: | | 2.10 Type of previous report: | |

**3 Documentation**

| | Yes | No | Refer to item 5 Non-conformances |
|---|---|---|---|
| **3.1** Are all relevant records in place in accordance with SANS 50081-1 and lift, escalator and passenger conveyor regulations? | | | |

| | Yes | No | Refer to item 5 Non-conformances |
|---|---|---|---|
| **3.2** Is the commissioning document complete and present in the machinery compartment? | | | |

**4 Condition of lift**

| **4.1** Were the following parts of the lift inspected or tested (or both) to verify that they are safe, compliant and in good working order: | Yes | No | Refer to item 5 Non-conformances |
|---|---|---|---|
| a) enclosure of lift well? | | | |
| b) landing doors, car doors, closing effort, kinetic energy and reversal devices? | | | |
| c) interlocks on landing doors and car doors? | | | |
| d) door fastenings and surrounds? | | | |
| e) car and counterweight guide fittings, buffers and interior of lift well? | | | |
| f) over-running devices and floor levels? | | | |
| g) suspension, ropes or chains and attachments? | | | |
| h) safety gear (i.e. arrangements for preventing the fall of the car and counterweight)? | | | |
| i) brakes and traction? | | | |
| j) all electrical equipment? | | | |

**4.2** All non-conformances of measurement, conditions or adjustments and defects found shall be substantiated and recorded in 5 below.

Document reference number:

**5 Non-conformances of regulatory requirements, repairs, renewals, alterations or safety**

**5.1** The following safety items shall be attended to immediately (before this lift can be used with safety):

**5.2** The following items shall be attended to within a specified period not exceeding 60 days. Items (listed below) that are not rectified within 60 days render this report invalid and shall be reported by the inspection service provider as required.

**6 Declaration by the registered lift inspector**

I certify that on (yyyy-mm-dd) I thoroughly inspected or tested (or both) this lift and that the above is a true report of the results.

Registration category: Registration number:

Physical address: Postal address:

Reg. lift inspector's name:

Contact tel. No.: Signature:

**7 Technical signatory**

Name:

Date: (yyyy-mm-dd) Signature:

# Rack-and-pinion lifts

## Comprehensive report

| | |
|---|---|
| Name and address of inspection service provider: | |
| Inspection service provider telephone number: | |
| Department of labour registration number: | |
| Document reference number: | |

NOTE Statements and replies to the relevant questions should be annotated in the appropriate box. Where "YES" or "NO" replies are necessary, the appropriate box should be ticked.

**1 Premises**

| | |
|---|---|
| **1.1** User | |
| **1.2** Name and address of premises | |

**2 Lift data**

| | | | |
|---|---|---|---|
| **2.1** Name of manufacturer: | | 2.6 Official identification: | |
| **2.2** Year of installation: | | 2.7 Unit identification: | |
| **2.3** Year of upgrade: | | 2.8 Rated load: | |
| **2.4** Service provider: | | 2.9 Rated speed: | |
| **2.5** Date of previous report: | | 2.10 Type of previous report: | |

**3 Documentation**

| | Yes | No | Refer to 5 Non-conformances |
|---|---|---|---|
| **3.1** Are all relevant records in place as in accordance with SANS 1545-6 and lift, escalator and passenger conveyor regulations? | | | |
| **3.2** Is the commissioning document complete and present in the machinery compartment? | | | |

**4 Condition of lift**

| **4.1** Were the following parts of the lift inspected or tested (or both) to verify that they are safe, compliant and in good working order: | Yes | No | Refer to 5 Non-conformances |
|---|---|---|---|
| a) enclosure of lift well? | | | |
| b) landing doors and car doors? | | | |
| c) interlocks on landing doors and car doors? | | | |
| d) door fastenings and surrounds? | | | |
| e) car guides and tower fixings to the structure? | | | |
| f) over-running devices and floor levels? | | | |
| g) rack & pinion gears? | | | |
| h) safety gear (i.e. arrangement for preventing the fall of the car? | | | |
| i) all electrical equipment? | | | |

**4.2** All non-conformances of measurement, conditions or adjustments and defects found shall be substantiated and recorded in 5 below.

Document reference number:

**5 Non-conformances of regulatory requirements, repairs, renewals, alterations or safety**

**5.1** The following safety items shall be attended to immediately (before this lift can be used with safety):

**5.2** The following items shall be attended to within a specified period not exceeding 60 days in terms of the relevant occupational health and safety legislation. Items (listed below) that are not rectified within 60 days render this report invalid and shall be reported by the inspection service provider to the relevant department of labour.

**6 Declaration by the registered lift inspector**

I certify that on (yyyy-mm-dd) I thoroughly inspected or tested (or both) this lift and that the above is a true report of the results.

Registration category:

Registration number:

Physical address:

Postal address:

Reg. lift inspector's name:

Contact tel. No.:

Signature:

**7 Technical signatory**

Name:

Date: (yyyy-mm-dd)

Signature:

# Service lifts inside wind turbine

## Comprehensive report

### Inspection Service Providers Name

### DOL Registration Number:

| Physical Address: | Cert. number:<br>Issue date: | Postal Address: |
|---|---|---|
| | | |

**NOTE 1 Statements and replies to all relevant questions should be annotated in the appropriate boxes.**
**Where "Yes" or "No" replies are necessary, the appropriate box should be ticked.**

**1 PREMISES**

| | |
|---|---|
| 1.1 User (owner or occupier) | |
| 1.2 Building name<br>Street address<br>Town or suburb | |

**2 LIFT DATA**

| | | | |
|---|---|---|---|
| 2.1 Name of manufacturer: | | 2.6 Official identification: | |
| 2.2 Year of installation: | | 2.7 Unit identification: | |
| 2.3 Year of upgrade | | 2.8 Rated load: | kg |
| 2.4 Service provider | | 2.9 Rated speed: | m/s |
| 2.5 Date of previous report | | 2.10 Type of previous report: | |

## 3 DOCUMENTATION

| | | Yes | No | See 5 below |
|---|---|---|---|---|
| 3.1 | Are all relevant records in place lift, escalator and passenger conveyor regulations? | | | |
| 3.2 | Is the commissioning documentation completed satisfactorily and present in the lift room? | | | |

## 4 CONDITION OF THE LIFT

4.1 Were the following parts of the lift inspected or tested (or both) to verify that they are safe and in good working order.

| | | Yes | No | See 5 below |
|---|---|---|---|---|
| a) | enclosure of the lift Travel Zone ? | | | |
| b) | landing doors, car doors? | | | |
| c) | interlocks on landing doors and car doors? | | | |
| d) | door fastenings and surrounds? | | | |
| e) | car and counterweight guide fixings, buffers and interior of the lift travel zone? | | | |
| f) | over-running devices and floor levels? | | | |
| g) | suspension ropes, guide ropes and attachments? | | | |
| h) | Safeties /Fall Arrest Device(i.e. arrangement for preventing the fall of the car and the counterweight)? | | | |
| i) | Brakes and Traction Hoist ? | | | |
| j) | all electrical equipment? | | | |

4.2 All non-conformances of measurements, conditions or adjustments and defects found, shall be substantiated and recorded in item 5 below.

## 5 NON-CONFORMANCES, REPAIRS, RENEWALS OR ALTERATIONS

**5.1 The following non-conformances, repairs, renewals or alterations, shall be addressed before this lift can be used with safety:**

**5.2 The following items shall be attended to within a specified period not exceeding sixty (60) days Items (listed below) that are not rectified within 60 days render this report invalid and shall be reported by the inspection service provider as required.**

## 6 DECLARATION BY THE REGISTERED LIFT INSPECTOR

I, _____, certify that on _____ I thoroughly inspected and tested lift **0** and I certify that the above is a true report of the result.

**Registration Category:**

**Registration Number:**

**RLI Signature:**

**Contact tel. number:**

**Residential address:**

**Postal address:**

## 7 VERIFICATION BY THE TECHNICAL SIGNATORY

**Signatory name:**

**Date signed:**

**Technical Signature:**

**Contact tel. number:**