

## DEPARTMENT OF EMPLOYMENT AND LABOUR

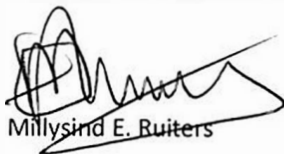
NO. 5653

13 December 2024

OCCUPATIONAL HEALTH AND SAFETY ACT, (ACT 85 OF 1993) AS AMENDED

INCORPORATION OF THE NATIONAL CODE OF PRACTICE FOR INSPECTION AND TESTING OF LIFT, ESCALATOR AND PASSENGER CONVEYOR INTO LIFT, ESCALATOR AND PASSENGER CONVEYOR REGULATIONS 2010

I Millysind E. Ruiters, appointed as Chief Inspector in terms of Section 27(1) of the Occupational Health and Safety Act, ( Act 85 of 1993 ) as amended , and by virtue of the power delegated to me by the Minister of Employment and Labour, in terms of Section 42(1) of the Act and after consultation with the Advisory Council for Occupational Health And Safety hereby, under Section 44 of the Occupational Health and Safety Act, ( Act 85 of 1993 ), as amended, incorporate the National Code of Practice for Inspection and testing of Lift, Escalator and Passenger Conveyor into the said regulations.



Millysind E. Ruiters

Chief Inspector

## FOREWORD

This Code of Practice is to provide clarity and direction to all stakeholders directly or indirectly related to the inspection and testing of lift in to the lift, Escalator and Passenger Conveyor Regulations. This document consists of annexures on the commission and inspection of the lift, escalator and passenger conveyor.

## Content

1. Annex A Vertical lift platform
2. Annex B Vertical lift platform
3. Annex A Passenger and Access Goods only
4. Annex A Rack and pinion lift
5. Annex B Electric lift
6. Annex A Escalator and travelator (motorised walkway)



## DEPARTMENT OF EMPLOYMENT AND LABOUR

## Annexure A

Doc No

## OCCUPATIONAL HEALTH AND SAFETY ACT 85 OF 1993

LIFT, ESCALATOR AND PASSENGER CONVEYOR REGULATIONS

ALL TESTS IN ACCORDANCE WITH SANS 50081- 41

## Commissioning Report for Vertical Lift Platform

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

## Description of installation

Date

Name of User (Owner or Occupier):

Equipment Manufacturer name

Date Manufactured:

Building Name:

Model:

Building Address:

Installation mounting method?

Length of travel

Meters

Official installation number:

Vendor Identification S/N:

No. of levels served:

Front

Rear

Side

Functional name and/or location:

General Information:

DA Roped/No Ropes:

Rope Ø:

mm:

Number of rope grips:

Ram Ø: ( Type/Manufacturer )

Hose Ø: ( Test pressure )

mm: Kpa:

Shaft enclosure

a) Enclosed

b) Semi enclosed

c) Open

d) Glazed

Type of drive

Drum drive

Traction drive

Hydraulic

Chain drive

Screw

Lift Car Load / Speed

Rated load

Kg

Number of persons:

Rated Speed

m/s

Lift Platform Dimensions

a) Internal width (wall-to-wall)

mm

b) Internal depth ( front return to rear wall)

mm

c) Platform Area

m<sup>2</sup>

Electrical Power supply:

Volts supply:

V

Max Amps:

A

Power rating:

kW

Speed:

rpm

Electrical supply :

Permanent:

(during construction) Temporary:

If temporary -the power supply section needs to be re-measured and recorded

Pump &amp; valve make:

Serial Number:

RCD device:

Earth continuity:

Insulation test:

Motor:

M

Mains:

M

Safety:

M

Car Loading:	Pressure (kPa)	Lift Speed (m.s)	Lift motor readings	
			V	A
Empty:				
Rated:				
			Manual lowering speed: m/s	

Journey time: (Total travel up with full load)  s. TR1 setting:  s. Trip time:  s.

**Motor protection settings:**

Stall current:  A. Trip time:  s. Overload setting:  A.

**Rapture valve operation:**

Rapture valve adjuster bolt settings:  mm.

**Safety gear operation:**

Distance travelled upon operation :  mm.

X2 pressure:  kPa

**Static pressure:**

Empty:  kPa

Rated:  kPa

Pressure switch:  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**

Pit prop switch:  Landing locks:  Safety gear switch:

**Indicators:**

Alarm:  Remote alarm:  Key switches:

Key number/s

**SANS approved type test marks:**

Car:  Locks:  Buffers:

Rapture valve:  Safety gear:

**Landing door type:**

Fire rated:

Fire Rating:  min.

Powered:   
 Manufacturer:

**Test complete:**

Yes  No

**H/Over:**

Yes  No

**Items:**

Contract electrical supply:  V  Phase:  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 <input type="text"/> | No <input type="text"/> |
| b. Is the platform bonded to earth by a separate protective conductor?   | Yes <input type="text"/> | No <input type="text"/> |
| c. Does the resistance of the earth protective path exceed 0,1 $\Omega$ ?  | Yes <input type="text"/> | No <input type="text"/> |

**Insulation resistance to earth**

- a. Power circuits  M/ $\Omega$
- b. Safety circuits  M/ $\Omega$

**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/ VI A
- e. What is the actual running current with full load?  A
- f. Type of motor overload?

**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	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Isolation keyswitch</b>				
a. Does the isolation keyswitch disable the lift?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Do the landing isolation keyswitches disable the adjacent call button?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Levelling accuracy</b>				
a. With the rated load on the platform, does it level to within $\pm 1$ mm of the landings served?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Liftway protection</b>				
a. Is the liftway protection recommended in _____ adequate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Is a stop switch provided in the pit and on the carriage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c. Do the stop switches prevent movement of the car when operated?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Doors and interlocks</b>				
a. Are all enclosure doors/gates fitted with interlocks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Do the interlocks operate correctly?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
d. With any door of the lift open, will the lift travel in either direction?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Clearances</b>				
a. Are the liftway clearances as recommended in ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Notices</b>				
a. Is the "emergency lowering" notice fitted to the hydraulic pump unit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Is the correct load plate fitted on the platform?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c. Is the "electrical" warning notice fitted to the controller cabinet door?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d. Is the notice fitted to the switch fuse box "Switch off only when the platform is at the lowest level"?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e. Is the emergency release label fitted to both manual door locks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Isolation keyswitch</b>				
a. Is the manually operated scotching device available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. If so, does the device operate correctly?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Emergency back-up supply</b>				
a. Does the battery back-up supply lower the lift and unlock the door?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Is the platform alarm operational?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Limit switches</b>				
a. Do the terminal stopping switches stop the lifting platform at terminal levels?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Does the ultimate limit switch stop the lifting platform when operated?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c. State the overtravel of the platform when the ultimate limit switch is operated.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Hydraulic drive unit tests</b>				
a. With rated load in the car and at highest floor level, state the static hydraulic fluid pressure:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Provide the following details of the pump unit (as stated on data plate):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



(1) Manufacturer: (2) Serial or reference number: (3) Type:  Motor/screw pump 

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 ☐

**Conclusions**

- 18.1) Is the lift installation complete?
- 18.2) Does this installation comply with all relevant Regulations and Standards?
- 18.3) If the answer to any question in this document was **No**, then it must be explained / substantiated in the space provided below.

**19 Declaration of Registered ECSA lift inspector & Overseeing SANAS registered inspector.**

I certify that on  the equipment was examined and tested in accordance with SANS 50081-41

Registered Lift Inspector @ ECSA registration Number

Name in Block Letters :

Signature:

Date of inspection:

Name and address of company responsible for installation

Position(s), in the above organisation, of the person(s)



who conducted the installation

Qualifications of installer

**20 Declaration of Overseeing SANAS registered lift inspector.**

I certify that on  the installation was checked/overseen and verified by my self

Registered Lift Inspector @ ECSA registration Number

Registered SANAS inspection body Number

Name in Block Letters :

Signature:

Date of issue:



## ANNEXURE B (normative)

Report Reference Number

Department of Employment &amp; Labour

Comp Reg. NO:

JOB NO:

LEPC ISP:

**COMPREHENSIVE REPORT FOR Vertical Lift Platform****Report for New Installations, Modifications, Periodic Inspection and Testing of Vertical Platform Lift**

Inspection Service Provider details:

SANAS registration number:

Telephone:

Physical Address:

Postal Address:

E-Mail:

Web:

**NOTE: Statement and replies to the relevant questions should be noted in the appropriate box. Where "YES" OR "NO" is indicated; the appropriate box shall be ticked and deemed to be an actionable item.**

**1. User and Premises information:**

1.1 User

1.2 Name and address of premises

**2. Lift Data**

2.1 Name of manufacturer

2.2 Name of installation company

2.3 Year of Installation

2.4 Installed to S.A.N.S standard

2.5 Year of modification

2.6 Modification installation company

2.7 Equipment modified

2.8 Maintenance service Provider


2.9 Official Identification

2.10 Serial number

2.11 Unit Identification (e.g A or B)

2.12 Functional location

2.13 Rated Load &amp; Persons

2.14 Rated Speed

2.15 Date of Previous Report

2.16 Type of Previous Report

**3 Condition of Lift**

**3.1 Were the following parts of the lift tested to verify that they are safe, compliant and in good working order:**

- a) Emergency light, alarm & intercom system (if applicable)  
 b) Landing doors & car door: closing effort, kinetic energy device & reversal devices?  
 c) Landing doors & car door: Locks & interlocking mechanisms ? (Mechanical & electrical)  
 d) Safety circuit (e.g Over-running devices (Final limit switch), E-stops.....)  
 e) Overspeed governor & safety gear system ?  
 f) Brakes and traction ? (Including dynamic breaking if applicable)  
 g) Load test with weights every 48 months cycles  
 h) Lighting level - Access, machine room compartment, shaft, pit & lift car?  
 i) Emergency release operation?

YES	NO	Test result

**3.2 Were the following parts of the lift inspected to verify that they are safe, compliant and in good working order:**

- a) All required Annex documents, phone plates, drawings, certificates & signage are present in the  
 b) Landing & car door: frames, railings, panels, sills, shoes, closing devices & surrounds  
 c) Enclosure of machine compartment, lift well & car?  
 d) Car & counterweight: guides, foxing, shoes, rollers, buffers ?  
 e) Car floor to landing floor levels?  
 f) Machine drive, suspension ropes/belts or chains and attachments?

YES	NO	Inspection condition / result

Other parts?

3.3 All non-conformances of measurement, conditions or adjustments and defects found are substantiated and recorded in section 5.

#### 4 Documentation

4.2) Is the commissioning document complete and present in the machinery compartment

**Refer to item 5 Non conformances**

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

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

5.2 The following items shall be attended to within a specified period not exceeding item 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, tested (or both) this lift and that the above is a true comprehensive report of the result

Registration Category:

ECSA Registration Number:

Physical address:

Signature

Postal Address:

Name of Registered Lift Inspector:

Contact Telephone Number:

**Technical Signatory:**

Name of Technical Signatory:

Registration Category:

ECSA Registration Number:

Date: (yyyy-mm-dd)

Signature

**7 Verification of clause 5**

Name of Registered Lift Inspector

Signature

I, certify that on the ..... day.....month.....year verified and confirm the completion of all items raised in clause 5 to my satisfaction. This report/certificate is valid for a period of 24 months from the date of issue, provided that this section is stamped and signed.



## DEPARTMENT OF EMPLOYMENT AND LABOUR

## Annexure A

Doc No

## OCCUPATIONAL HEALTH AND SAFETY ACT 85 OF 1993

LIFT, ESCALATOR AND PASSENGER CONVEYOR REGULATIONS

ALL TESTS IN ACCORDANCE WITH SANS 50081-2(

SANS 50081-50 &amp; SANS 50081-31

## Commissioning Report for Passenger and Goods Access Only Lifts

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

1. Description of Installation		Date
Name of User (Owner / User):	Equipment Manufacturer name	
Building Name:	Country of manufacture and factory address	
Building Address:	Sold & Installed by (Vendor)	
	State if this Annexure is applicable to New building, full replacement upgrade/modification (extend)	
Length of travel <input type="text"/> Meters	Official Installation number:	<input type="text"/>
No. of levels served: Front <input type="text"/>	Vendor Identification No:	<input type="text"/>
Rear <input type="text"/>	Functional name and/or location:	<input type="text"/>
Main Floor: <input type="text"/> (e.g., B2, B1, G, 1, 2, 3)	Lift Type:	
	Traction Drive <input type="text"/> Positive Drive <input type="text"/>	
	Hydraulic <input type="text"/> Worm <input type="text"/>	
<b>Lift Car Load / Speed</b>	<b>Lift Car Dimensions</b>	
Rated load <input type="text"/> Kg	a) Internal width (wall-to-wall) <input type="text"/> mm	
Number of persons: <input type="text"/>	b) Internal depth ( front return to rear wall) <input type="text"/> mm	
Rated Speed <input type="text"/> m/s	c) Car Area -Refere to 5.4.2.3.1 Table 8 <input type="text"/> 0 m <sup>2</sup>	
Shaft enclosure		
a) Enclosed <input type="text"/>	b) Semi enclosed <input type="text"/>	c) Open <input type="text"/> d) Glazed <input type="text"/>
<b>Machine Room / Compartment - Location</b>		
a) Above well: <input type="text"/>	b) Below well: <input type="text"/>	c) at side: <input type="text"/> d) No machine room: (MRL) <input type="text"/>
<b>Electrical Power supply:</b>	<b>Electrical supply :</b>	
Volts supply <input type="text"/> V	Permanent: <input type="text"/>	
Amps rating of C/B <input type="text"/> A	(during construction) Temporary: <input type="text"/>	
	If temporary -the power supply section needs to be re-measured and recorded accordingly	



## Type of supply:

3 phase + E ☐3 phase+N+E ☐Single Phase + E ☐

Have the correct circuit breakers / fuses been fitted ?

Yes ☐No ☐

Have the correct circuit breakers / fuses been fitted ?

Yes ☐No ☐Lock out and tag out possible ☐Supply marked where power is fed from ☐Main circuitbreaker/isolator within arm's reach ☐

## 2. Suspension means ( Ropes, Belts, Chains, Screw, Hydraulic)

a) Type of suspension b) Number: c) Nominal diameter / width :  mmd) lay and construction : e) Certificate present & in order Yes ☐No ☐

## Governor Rope/s

a) Nominal diameter  mmb) Lay and construction c) Certificate/s in order Yes ☐  
or No ☐

## 2.1 Suspension

a) Are the suspension anchorages in accordance with relevant SANS standard

Yes ☐ No ☐

b) are the grips &amp; springs correctly fitted if present?

Yes ☐ No ☐

c) Is compensation provided?

Yes ☐No ☐

if yes, in accordance with relevant SANS standard

Type 

## 2.2 Flat belt suspension:

a) Monitoring system provided

Yes ☐No ☐Type 

## 3. Over speed governor/s

3.1 Has the governor been certified as complying with 5.4 of SANS 50081 - 50

Yes ☐ No ☐

3.2 Is the data plate in accordance with 5.6.2.2.1.8 of SANS 50081 - 20

Yes ☐ No ☐

3.3 Is the governor sealed?

Yes ☐ No ☐

3.4 Over speed governor rope

Does the governor rope comply with 5.6.2.2.1.3 of SANS 50081 - 20

Yes ☐ No ☐

3.5 Are there safe means of testing the over speed governor in accordance with 5.6.2.2.1.4 of SANS 50081-20

Yes ☐ No ☐

## 3.6 Car governor

Complete the following:

a) Governor Type: b) Serial No: c) State if the Governor system is SANS50081-20 compliant or by means of an directive? d) Can the Governor safely be tested for operation as per SANS 50081-20 

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	
------------	-----	-----	-----	--

b) State how the car governor was tested at the installation:

c) Over speed governor rope

State the nominal diameter of the rope appropriate to the governor.

 mm

### 3.7 Counterweight governor (if fitted)

Complete the following:

a) governor type:

b) serial No.:

Device	Tripping Speed		Does it operate effectively?	
	Marked	Measured		
		Counterweight, up	Counterweight, down	
Electrical		m/s	m/s	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mechanical	m/s		m/s	Yes <input type="checkbox"/> No <input type="checkbox"/>

b) Over speed governor rope

State the nominal diameter of the rope appropriate to the governor.

 mm

b) State how the counter weight governor was tested at the installation:

## 4. Safety Gear

a) Has the safety gear been certified as complying with SANS 50081-50

Yes ☐ No ☐

b) If the answer to 4(a) is YES, does the data plate indicate, in positive terms, whether the safety gear complies with the criteria for type test certification?

Yes ☐ No ☐

c) Are all the Safety Gears adjustable parts sealed?

Yes ☐ No ☐

### 4.1 Car safety gear tests

NOTE: The test shall be made while the car is descending, with the required load uniformly distributed over the car area, with the machine running until the ropes slip or become slack.

#### 4.1.1 Progressive safety gear

4.1.1.1 Does the safety gear operate correctly ? in accordance with 6.3.4 of SANS50081-20

Yes ☐ No ☐

4.1.1.2 Is the car floor horizontal or does it slope less than 5% from the horizontal after the safety gear test has been conducted ?

Yes ☐ No ☐

#### 4.1.2 Instantaneous safety gear

4.1.2.1 Does the safety gear operate correctly? in accordance with 6.3.4 of SANS50081-20

Yes ☐ No ☐

4.1.2.2 Is the car floor horizontal or does it slope less than 5% from the horizontal after the safety gear test has been conducted ?

Yes ☐ No ☐

### 4.2 Counterweight safety gear tests (if Fitted)

NOTE: The test shall be made while the counter weight is descending and with the car empty until the ropes slip or become slack.

**4.2.1 Progressive safety gear**

4.2.1.1 Does the safety gear operate correctly ?  
in accordance with 6.3.5 of SANS50081-20

Yes ☐ No ☐

**4.2.2 Instantaneous safety gear**

4.2.2.1 Does the safety gear operate correctly ?  
in accordance with 6.3.5 of SANS50081-20

Yes ☐ No ☐

**4.3 Ascending car over speed protection for geared machines**

a) State the speed monitoring means  
in accordance with 5.6.6.10. of SANS 50081-20: 20xx

b) State the speed reducing device  
(e.g.. Rope gripper, double acting safety gear .. Etc. )

4.3.1 Has the ascending car over speed protection means been  
certified as complying with 5.7 of SANS 50081 - 50

Yes ☐ No ☐

4.3.2 Does the ascending car over speed protection means operate  
in accordance with 5.6.6 of SANS 50081 - 20

Yes ☐ No ☐

**4.4 Unintended car movement**

a) Has the lift been provided with a means to prevent or stop the car from moving away from the landings ?  
in accordance with 5.6.7 of SANS 50081 - 20

Yes ☐ No ☐

b) Describe the device provided to prevent or stop the car to move away from the landings

c) Does the unintended car movement device operate  
in accordance with 5.6.7 of SANS 50081 - 20

Yes ☐ No ☐

d) If applicable, was the Dynamic braking tested and found to be working?

Yes ☐ No ☐

**5. Buffers****5.1 Energy dissipation buffers (e.g. oil)**

5.1.1 Have the buffers been filled to the correct levels?

Yes ☐ No ☐

5.1.2 Have the buffers been certified as complying with 5.5.4 of SANS 50081 -50

Yes ☐ No ☐

5.1.3 If YES, do the data plates indicate, in positive terms, whether the buffers  
comply with the criteria for type test certification?

Yes ☐ No ☐

5.1.4 If NO, are they suitable for testing in accordance with item 5.2 below?

Yes ☐ No ☐

5.1.5 Is the total possible stroke of each buffer in accordance with  
5.8.2.2 of SANS 50081 -20

Yes ☐ No ☐

5.1.6 a) Is there reduced stroke buffering?

Yes ☐ No ☐

5.1.6 b) If the answer in 5.1.6 a) is "Yes" does it comply with 5.8.2.2 of SANS 50081-20

Yes ☐ No ☐

**5.2 Buffer Tests****5.2.1 Energy accumulation buffers**

Note: Type of energy accumulating buffers

Spring ☐ Rubber ☐

a) when the car with rated load and the counter weight was brought into contact with the  
buffers, was the operation satisfactory?

Yes ☐ No ☐

b) do the buffers comply with applicable SANS standard

Yes ☐ No ☐

**5.2.2 Energy dissipation type (e.g. oil)**Yes ☐ No ☐

a) when the car with rated load and the counter weight was brought into contact with the buffers at rated speed, or at a speed for which the stroke of the buffers has been calculated, was the operation satisfactory?

Yes ☐ No ☐

b) do the buffers recover automatically after operation?

Yes ☐ No ☐

c) Is the car interior in place after the buffer test ?

Yes ☐ No ☐

d) Has it been ascertained, after the test, that no deterioration has occurred which could adversely affect the normal use of the lift? Visual check is considered to be sufficient

Yes ☐ No ☐**5.2.3 Buffer to impact plate**Yes ☐ No ☐

a) Car impact plate to top of buffer distance

 mm Stroke  mm

b) Counterweight impact plate to top of buffer distance

 mm Stroke  mm**6. Brake / Traction Test**

6.1 Does the brake sustain the static car, in the lower part of its travel, at the rated load plus 25%?

Yes ☐ No ☐

6.2 Does the brake stop the machine when the car travels downward at rated speed and with rated load plus 25%?

Yes ☐ No ☐

6.3 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 the rated speed?

Yes ☐ No ☐

6.4 With the counterweight resting on its compressed buffers, is it impossible for the empty car to be raised under power?

Yes ☐ No ☐**7. Lighting - Illuminance****7.1 Lighting in well**

Is the well provided with permanently install lights complying with the following lux readings?

Measured

Comply

a) at least 50 lux 1,0 m above the car roof everywhere

 luxYes ☐ No ☐

b) at least 50 lux 1,0 m above the pit floor everywhere

 luxYes ☐ No ☐

c) at least 20 lux outside the locations defined in a) and b)

 luxYes ☐ No ☐**7.2 Machinery Spaces and pulley rooms**

a) at least 300 lux measured at the working plane  
OHS Act 1993: Environmental Regulations for Workplaces for Lifts

Yes ☐ No ☐

b) at least 50 lux at floor level to move between working areas

Yes ☐ No ☐

c) at least 50 lux for access ways to machinery spaces and pulley rooms

Yes ☐ No ☐

d) at least 200 lux at machinery cabinet (panels) measured at the devices

Yes ☐ No ☐**7.3 Landings**

a) at least 75 lux at floor level in vicinity of landing doors  
OHS Act 1993: Environmental Regulations for Passages & lobbies

Yes ☐ No ☐**7.4 Lift Car**

a) at least 100 lux at 1 m above floor at any point not less than 100 mm from

Yes ☐ No ☐

any wall

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| b) at least two (2) lamps connected in parallel  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) emergency light in car at least 5 lux for one(1) Hour automatically rechargeable        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) emergency light on top of car at least 5 lux for one(1) Hour automatically rechargeable | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) All Lighting protected against mechanical damage  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## 8. Clearances and run-bys

8.1 Will the car and counterweight clear all obstacles when driven at slow speed?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a) with the car and the rated load compressing the car buffers?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) with the car empty and the counterweight compressing its buffers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

8.2 What is the distance to the first striking point above the car with the counterweight on the compressed buffer? Noting buffer distances noted under section 5

mm

Does this comply with relevant SANS standard

Yes ☐ No ☐

8.3 a) **Traction drives** - What is the estimated distance to the first striking point above the counterweight with the car on the compressed buffers?

mm

8.3 b) **Positive drives** - What is the distance to the first striking point above the car when the car hit the top buffers? (Must have top of car buffer)

mm

8.4 With the car on its fully compressed buffers, is there sufficient space to accommodate the rectangular block specified in 5.2.6.4.4 of SANS 50081-20 and a space of at least 0,5 m between the bottom of the pit and the lowest point of the car?

Yes ☐ No ☐

## 9. Landing doors and surrounds

### 9.1 Glass doors/ Glass Car panels / Glass Well enclosure

9.1.1 Do the glass landing / car door comply with 5.3.5.3.4 of SANS 50081-20

Yes ☐ No ☐

9.1.2 Do the glass panels of the car comply with 5.4.3.2.3 of SANS 50081-20: 20 xx  
If 9.1.1 and or 9.1.2 is no then

Yes ☐ No ☐

*The glass panels for landing doors, car doors, car walls and walls of the well shall be tested and a test report submitted in accordance with 5.3.5.3.2 of SANS 50081-20*

Yes ☐ No ☐

9.1.3 Do the glass door panels avoid the dragging of children hands on automatic power operated sliding doors as stated in 5.3.6.2.1 (i) of SANS 50081-20

Yes ☐ No ☐

9.1.4 Do the glass panels of the well comply with 5.2.1.8.2&3 of SANS 50081-20

Yes ☐ No ☐

### 9.2 Entrance clearances

9.2.1 Is the horizontal distance between the sill of the car and the sills of all landing doors 35 mm or less?

Yes ☐ No ☐

9.2.2 Is the running clearance between door panels and between panels and uprights, lintels or sills 6 mm or less?

Yes ☐ No ☐

9.2.3 Has it been established that no recess or projection on the face of a sliding door panel exceeds 3 mm?

Yes ☐ No ☐

9.2.4 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? 5.2.5.3 of SANS 50081-20

Yes ☐ No ☐

9.2.5 If the answer to item 9.2.4 above is NO, is the car door mechanically locked when away from the unlocking zone?

Yes ☐ No ☐



9.2.6 Do the landing doors have an automatic mechanical self-closing mechanism and working?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9.2.7 Is each set of landing doors capable of being unlocked from the outside with an emergency key? (Triangle key)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

---

**10. Dynamic tests - Safety contacts/circuits**

10.1 Have the contacts at each landing entrance been proved so that when the contacts are broken, there is no movement of the car?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10.2 Have the mechanical locks at each landing entrance been proved for positive locking?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10.3 Have the car door/gate contacts been proved so that when the contacts are broken, there is no movement of the car?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10.4 Do the final limit switches remove the motor supply before the car or counterweight makes contact with the buffers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10.5 Have the stopping switches on the car top, and in the pulley room and pit, been proved so that when the switches are activated, there is no movement of the lift?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10.6 Have all the other switches in the safety circuits been proved so that when the switches are activated, there is no movement of the car?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

---

**11. Door tests -Horizontal Sliding Doors**

**NOTE** Where appropriate, the following tests should be carried out with the car and landing doors coupled

11.1 How are the doors operated?				
a) Car doors	Manually	<input type="checkbox"/>	Powered	<input type="checkbox"/>
b) Landing doors	Manually	<input type="checkbox"/>	Powered	<input type="checkbox"/>
c) Landing doors linked to Power operated car doors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

11.2 Is the measured maximum force to prevent closing of the doors 150 N or less?

Yes ☐ No ☐

State the figure recorded.  N

11.3 Is the measured kinetic energy 10 J or less?

Yes ☐ No ☐

State the figure recorded.  J

11.4 Does the protective device reverse the doors in accordance with relevant SANS standard

Yes ☐ No ☐

11.5 If the protective device is made inoperative,

a) do the doors remain open?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) do the doors close with a kinetic energy not exceeding 10 J?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Is the final protection devices kinetic energy less than 4 J?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

11.6 Is the unlocking zone less than 0,2 m above and below the landing levels (or 0,35 m in the case of simultaneously operated car and landing doors)? in accordance with 5.3.8.1 of SANS 50082-20

Yes ☐ No ☐

11.7 Do the landing doors have an automatic self-closing mechanism?

Yes ☐ No ☐

11.8 Do the door locks comply with relevant SANS standard

Yes ☐ No ☐

11.9 Type of electrical protection provided for the door motor/drive :

a) three-phase circuit-breaker <input style="width: 100px;" type="text"/>	b) overloads in each phase <input style="width: 100px;" type="text"/>	c) timing relays <input style="width: 100px;" type="text"/>	d) Thermistors <input style="width: 100px;" type="text"/>
e) other (specify): <input style="width: 800px;" type="text"/>			

State the relevant characteristics:

11.10 time to operate: open  sec close  sec      b) trip current (if applicable)  A

11.11 Does the contract require that the landing doors and surrounds satisfy

appropriate fire rating requirements?

Yes ☐ No ☐

11.12 If YES, what is the fire rating requirement?

 h

11.10 If the car stop outside the unlocking zone, the force required to open the car doors when outside the unlocking zone is 300 N or greater?

Yes ☐ No ☐

11.11 Are the car doors locked when the car is outside the unlocking zone in normal operation?

Yes ☐ No ☐

11.12 If glass car doors are fitted do they comply with 5.3.6.2.2.1 h &amp; i of SANS 50081 - 20

Yes ☐ No ☐**12 Main Motor / Drive Data**

12.1 State the drive type

12.2 Provide the following details of the lift motor (as stated on the data plate):

a) manufacturer  e) current rating  A

b) serial No.  f) speed  r/min

c) type  g) class of insulation

d) power rating  kW h) duty rating

12.3 Quote the type of, and the following data on, the associated energy converter(s), pump set nameplate (if applicable):

a) type:  kW A V r/min c) serial No:  kW A V r/min

b) input:  d) output:

**13 Measurements and Data**

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

High Speed Operation										
Car loading condition		Lift motor speed (note 1)  r/min	Lift speed (note 1)  m/s	Lift motor input (note 2)			System input (note 3)			Levelling deviation (+ or -) (note 4)  mm
				Running		Start	Running		Start	
				V	A	A	V	A	A	
Empty	Up									
	Down									
Balanced	Up									
	Down									
Rated	Up									
	Down									

Low Speed Operation (if applicable)									
Car loading condition		Lift motor speed (note 1)	Lift speed (note 1)	Lift motor input (note 2)		System input (note 3)		Levelling deviation (+ or -) (note 4)	
				Running		Running			
				V	A	V	A		
Empty	Up	r/min	m/s						
	Down								
Balanced	Up								
	Down								
Rated	Up								
	Down								

**Methodology of Testing**

NOTE 1 Complete either the lift motor speed or the lift speed column in its entirety and make one entry only in the alternative column for the "rated up" condition.

NOTE 2 Take the motor current readings on conductors adjacent to the motor terminal block, while the motor is running steadily.

NOTE 3 Energy converter or equivalent. Measure the system input to the controller from the main supply.



NOTE 4 State the maximum deviation in the appropriate box (I.e. one entry only).

**14 Main Drive**

14 State type of application e.g. Ward Leonard , VVVF etc.

14.1 Measure and record the following (as appropriate):

Type of device	Manual reset	Automatic reset	Time to operate (s)	Trip current A
Circuit breaker				
Fuses				
Overloads, in each phase				
Timing relay				
Thermistor				

14.2 Have these been found to be satisfactory?

Yes ☐No ☐**15 Converter input or MG set drive motor (where applicable)**

15.1 Measure and record the following (as appropriate):

Type of device	Manual reset	Automatic reset	Time to operate Sec	Trip current A
Circuit breaker				
Fuses				
Overloads, in each phase				
Timing relay				
Thermistor				

15.2 Have these been found to be satisfactory?

Yes ☐No ☐**16 Balance and levelling**

16.1 From the measurements recorded in item 13, is the balance satisfactory in accordance with manufacturers data?

Yes ☐No ☐

16.2 State the percentage of the balance:

a) design :

 %

b) actual:

 %

16.3 Does the lift stop within the levelling accuracy recommended by the manufacturer? Or

Yes ☐No ☐

16.4 Does the run time limiter work in accordance with 6.3.12 of SANS 50081-20 Traction 5.9.2.7 and Hydraulic 5.9.3.10 of SANS 50081-20

Yes ☐No ☐**17 Insulation Resistance to earth**

NOTE This value should not be less than 0,5 MΩ at 250 V when measured using a calibrated instrument.

as per 5.10.1.2.3 Table 16 of SANS 50081-20

17.1 Lift motor

 MΩ

17.2 MG set Ward-Leonard system fitted in accordance to 5.9.2.5.3 of SANS 50082 -20

Yes ☐No ☐

a) Motor

 MΩb) Generator  
(If Fitted) MΩ

17.3 Power systems

 MΩ

17.4 Safety circuits

 MΩ**18 Earthing**

18.1 Is the maximum continuity resistance to earth less than 0,5 ohms?

Yes ☐No ☐

18.2 Is the car connected to the controller earthing terminal by a separate conductor ?

Yes ☐No ☐18.3 If the insulated protective conductor of the mains supply has a cross section of < 10 mm<sup>2</sup>  
A second insulated protective conductor (for example from lighting supply) with at least

the same cross section is connected.

Yes ☐ No ☐

18.3 Does the earthing of the most remote contact (lock or push button) operate a fuse or trip a circuit-breaker without delay?

Yes ☐ No ☐

## 19 Protection of conductors

19.1 Is the fixed wiring in conduit (or in trunking, or in fittings that ensure equivalent protection) throughout? In compliance with relevant standard

Yes ☐ No ☐

19.2 Does the electrical wiring comply with relevant SANS standard

Yes ☐ No ☐

## 20 Lighting and Socket outlets

20.1 Is the electrical supply to the car, well, machinery spaces, pulley rooms, emergency and tests panel(s) independent from the supply to the machine comply with 5.10.7.1 of SANS 50081-20

Yes ☐ No ☐

20.2 Are all socket outlets on top of car, machine compartment and in pit fed from an independent supply comply with 5.10.7.2 of SANS 50081-20 and comply with SANS 164-2

Yes ☐ No ☐

20.3 Are all socket outlets fed from a "earthleakage device" (RCD) with a maximum tripping current of 30mA comply with 5.10.1.2.3 of SANS 50081-20 also refer to 5.1.3.2.2 of SANS 10142

Yes ☐ No ☐

a) Tripping current of E/L Unit for socket outlet on top of car

mA

b) Tripping current of E/L Unit for socket outlet in pit

mA

c) Tripping current of E/L Unit for socket outlet in machine compartment / room

mA

## 20.4 Phase reversal and phase failure device

20.4.a The phase reversal and phase failure device operate correctly?

Yes ☐ No ☐

20.4.b Return to service / operation is only possible by manual resetting in case of Earth Fault.

Yes ☐ No ☐

## 21 Inspection control stations

21.1 Inspection Speed up  m/s Inspection Speed down  m/s  
refer to 5.12.1.5.2.1 (e) of SANS 50081-20 (Max 0.63 m/s)

21.2 Are there inspection controls present on top of car, in the pit, on platform and in the controller

Yes ☐ No ☐

21.3 Does the design and the operation of the inspection control stations comply with applicable SANS standard

Yes ☐ No ☐

NOTE 1 Where required, the car roof shall be fitted with a balustrade.

21.4 Does the car roof fulfil the requirements of applicable SANS standard

Yes ☐ No ☐

21.5 Is the return to normal service (electrical reset) after exiting the pit present and operational

Yes ☐ No ☐

## 22 Duty cycle test

Does the lift operate satisfactorily for a period of at least 0,5 h when running with the rated load, full travel and intermediate stops in both directions at a rate 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.

## 23 General

23.1 a) Is the: (Factory serial number, Maximum load, Number of persons, Rated Kg, Official Government Identification No) indicated in the lift car?

Yes ☐ No ☐

23.1 b) Is the official installation number indicated in the lift car?

Yes ☐ No ☐

23.2 Is the year of construction indicated in the lift car?

Yes ☐ No ☐

23.3 Is an overload monitoring device (sound & light indication) fitted in accordance with

Yes ☐ No ☐

applicable SANS standard			
23.4 Does the fire control system (if provided) comply with the local and National requirements?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.5 Are the emergency rescue instructions displayed in the machine room /spaces and in accordance with 5.2.6.2.3 of SANS 50081-20 and to the relevant equipment used on site	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.6 Are the required ventilation means supplied to the machine room space are per manufacturer	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.7 List other SANS standards of compliance at time of installation. (Eg. Part 70, Part 21,.....)	<input type="text"/>		
23.8 List if there is any IP rated equipment required and what the IP rating applied is	<input type="text"/>		
23.9 Does the emergency operation system(s) function correctly, in accordance with SANS standard	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.10 Are the machine room compartments conditions satisfactory ? in accordance with SANS standard	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If the answer is NO, state the reasons:	<input type="text"/>		
23.11 Are the provisions for ventilating the machine room compartment adequate?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.12 Are the machine room doors or trap doors or control panels placed elsewhere than a lockable machine room fitted with a suitable lock complying with SANS standard	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.13 Does the emergency (ALARM SYSTEM ) communication comply ?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.14 Do the emergency communications / intercom systems work between the lift car and the on site rescue centre? Should the system be GSM, state the cell number and where it dials to Intercom make / supplier	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	Type (e.g. intercom /GSM)	<input type="text"/>	
23.15 Does the emergency lighting of the car comply with SANS standard (5 lux for 1 hr)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.16 Is there a means of access to all items of lift equipment, in accordance with applicable SANS standard	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.17 Are the safety notices/instructions specified in SANS standard	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
a) Machine space / room?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
b) Machine space / room door ?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
c) Head room?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
d) Top of car ?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
e) All landing doors marked with corresponding floor designations?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
f) Pit area?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
g) Group of lifts. Are the lifts marked in the machineroom compartment, top of car and pit	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.19 Has a counterweight screen in the pit been fitted?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.20 Should the answer of 23.14 be "No", has the correct compliant alternative been applied?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.21 Is the distance required between counterweight to buffer displayed in the pit area?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.22 Is the car to buffer manufacturers distance required distance displayed in the pit area?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.23 Have the car and landing apron's been fitted?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23.24 More than one lift sharing a shaft, is the shaft dividing screen fitted & compliant?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

**24 Conclusions**

24.1 Is the lift installation complete and does it comply with the requirements of SANS standard

Yes ☐No ☐

24.2 Are there any other matters that require attention before the installation can be 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.

24.3 If the answer to item 24.2 is YES provide the details.

**25 Declaration of Registered ECSA Lift Inspector & Overseeing SANAS Registered Inspector.**

I certify that on  the equipment was examined and tested in accordance with SANS 50081-20 and 50

Name in Block Letters :

Signature:

Date of inspection:

Name and address of company responsible for examination

Position(s), in the above organisation, of the person(s) who conducted the examination

Qualifications of the examiner

**26 Declaration of Overseeing SANAS registered Lift Inspector.**

I certify that on  the installation was checked/overseen and verified by myself

Registered Lift Inspector @ ECSA registration Number

Registered SANAS inspection body Number

Name in Block Letters :

Signature:

Date of issue:





# DEPARTMENT OF EMPLOYMENT AND LABOUR

## Annexure A

Doc No

### OCCUPATIONAL HEALTH AND SAFETY ACT 85 OF 1993

LIFT, ESCALATOR AND PASSENGER CONVEYOR REGULATIONS

ALL TESTS IN ACCORDANCE WITH SANS 1545-6

### Commissioning Report for Rack and Pinion Lift

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

#### 1. Description of Installation

Date

Name of User (Owner or Occupier):

Equipment Manufacturer name

Country of manufacture  
and factory address

Building Name:

Building Address:

Sold &amp; installed by (Vendor)

Is this a permanent installation?

Is this a temporary installation  
for builders work?State if Annexure is applicable to  
New building, full replacement  
upgrade/modification (extend)

Length of travel

Meters

Official Installation number:

Vendor Identification No:

No. of levels served:

Front

Rear

Functional name and/or location:

Main Floor: (e.g. B2, B1, G, 1, 2)

Rack and Pinion Material:

Rack material:

Pinion material:

Number of pinions:

Process (rolled or hardened):

Nominal diameter of pinion/s:

mm:

#### Lift Car Load / Speed

Rated load

Kg

Number of persons:

Rated Speed

m/s

#### Lift Car Dimensions

a) Internal width (wall-to-wall)

mm

b) Internal depth ( front return to rear wall)

mm

c) Car Area

0 m<sup>2</sup>

**Electrical Power supply:**Volts supply:  VAmps rating of C/B:  AHertz rating:  HZWires: **Electrical supply :**Permanent: (during construction) Temporary: 

If temporary -the power supply section needs to be re-measured and recorded

**2. Safety Gear**Safety Gear serial number: Expiry Date: 

- 2.1) Has the safety gear been type tested? Yes  No
- 2.2) If the answer to 2.1 is 'yes', does the data plate indicate, in positive terms, whether the safety gear complies with the criteria for type test certificate? Yes  No
- 2.3) Was the a drop test done and the result satisfactorily? Yes  No
- 2.4) Are the safety gear adjustable parts sealed? Yes  No

**3. Brake/s**

- 3.1) Does the brake/s sustain the static car, in the lower part of its travel, with the rated load plus 35%? Yes  No
- 3.2) Does the brake stop the machine when the car travel downward at rated speed and with rated load plus 15%? Yes  No
- 3.3) Where more than one brake is used, does the total number of brakes, minus one brake, stop the car when it moves down with its rated load and at rated speed? Yes  No

**4. Buffers**

- 4.1) Are the buffers correctly installed under the car striking plates? Yes  No
- 4.2) Is the buffer test satisfactory? Yes  No

**5. Clearances and run-bys**

- 5.1) Will the car clear all obstacles when driven at slow speed? Yes  No
- 5.2) Is there sufficient refuge space in the pit for a mechanic when the lift is on its fully compressed buffer/s? Yes  No
- 5.3) If the answer in 5.2 is no, is there a rack-lock installed or? available in the pit area? Yes  No
- 5.4) Is there sufficient refuge space on top of the car for a mechanic when the lift is on its Yes  No
- 5.5) Is the horizontal distance between the car and any platform or stairs 500 mm or more where there is no shaft enclosure? Yes  No
- 5.6 Does the lift have a pit Yes  No

**6. Landing doors and surrounds**

State the type of doors

Yes  No



- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 6.1) Is the horizontal distance between the sill of the car and sill of all landing doors 35 mm or less?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.2) 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.3) If the answer to 6.2. above is No, is the car door mechanically locked when away from the unlocking zone?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.4) Is the horizontal distance between the car and the landing doors 120 mm or less?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.5) Is each set of the landing doors capable of being unlocked from the outside with an emergency dislocking key?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### 7. Dynamic tests - Safety contacts/circuits

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 7.1) Have the contacts at each landing entrance been proved so that when the contacts are broken, there is no movement of the car?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.2) Have the mechanical locks at each landing entrance been proved for positive locking?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.3) Have the car door/gate contacts been proved so that when the contacts are broken, there is no movement of the car?                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.4) If separate terminal stopping switches are fitted, do they operate satisfactorily?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.5) Do the final limit switches remove the motor supply before the car comes into contact with its buffers?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.6) Have the stopping devices on the car top, and in the pit been proved so that when the devices are operated, there is no movement of the car? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.7) Have all other switches/contacts in the safety circuits been proved so that when they are broken, there is no movement of the car?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.8) Does the phase reversal and phase failure device operate correctly?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.9) Does the lift stop within the levelling accuracy recommended by the manufacturer?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### 8. Insulation resistance to earth

These values should not be less than 0,5 M Ohms at 500 V when measured using a calibrated instrument.

- |                      |                      |       |
|----------------------|----------------------|-------|
| 8.1) Lift motor      | <input type="text"/> | M Ohm |
| 8.2) Power systems   | <input type="text"/> | M Ohm |
| 8.3) Safety circuits | <input type="text"/> | M Ohm |

### 9. Earthing

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 9.1) Is the maximum continuity resistance to earth less than 0.5 Ohm? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

- 9.2) Is the car connected to the controller earthing terminal by a separate conductor greater or equal to 0.75 mm square? Yes ☐ No ☐
- 9.3) Does the earthing of the most remote contact (lock or push button) operate a fuse or trip a circuit breaker without delay? Yes ☐ No ☐

## 10. Protection of conductors

- 10.1) Is the fixed wiring in conduit (or in trunking, or in fittings that ensure equivalent protection) throughout? Yes ☐ No ☐
- 10.2) If not, do the cables comply with the relevant SANS specification? Yes ☐ No ☐

## 11. Measurements of the electrical system

- 11.1) State power system:
- 11.2) Provide the following details of the lift motor (as stated on the data plate):
- a) Manufacturer
  - b) serial number
  - c) type
  - d) power rating  kW
  - e) current rating  A
  - f) speed  r/min
  - g) class of insulation
  - h) duty rating

## 12. Measure and record the following operational data

High speed operation										
Car loading condition		Lift motor speed (note 1) r/min	Lift speed (note 1) m/s	Lift motor input (see note 2)			System input (see note 3)			Leveling deviation (+ or -) (note 4) mm
				Running		Start	Running		Start	
V		A	A	V	A	A				
Empty	Up									
	Down									
Rated	Up									
	Down									

**NOTE 1** Complete either the lift motor speed or the lift speed column in its entirety and make one entry only in the alternative column for the "rated up" condition.

**NOTE 2** Take the motor room current readings on conductors adjacent to the motor terminal block, while the motor is running steadily.

**NOTE 3** Energy convertor or equivalent. Measure the system input to the controller from the main supply.

**NOTE 4** State the maximum deviation in the appropriate box (i.e. one entry only).

Quote the following data on, the associated energy convertor(s) nameplate (if applicable)

- a) type:
- b) serial no.:
- c) input:  kW  A  V  rpm
- d) output:  kW  A  V  rpm

### 13. Lift motor overcurrent protective devices - Main windings

13.1) Measure and record the following (as appropriate):

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

13.2) Have these been found to be satisfactory? Yes ☐ No ☐

### 14. Converter input

14.1) Measure and record the following (as appropriate):

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

14.2) Have these been found to be satisfactory? Yes ☐ No ☐

### 15. Car roof control station

15.1) Speed up :  m/s Speed down :  m/s

15.2) Do the design and the operation of the car roof station comply with the relevant SANS Specification? Yes ☐ No ☐

Where required, the car roof shall be fitted with a ballustrade, which complies with the SANS Specification

The car roof shall fulfill the requirements of the relevant SANS Specification.

### 16. Duty cycle test

Does the lift operate satisfactorily for a period of at least 0.5 h when running with rated load, full travel and intermediated stops? Yes ☐ No ☐

at a rate of starts at least equal to the number of starts per hour as specified?

If the answer is **NO**, state reasons:

### 17. General

- 17.1) Is the maximum load (e.g. number of persons, kg and identification no.) indicated in the car? Yes ☐ No ☐
- 17.2) Does it comply with the relevant SANS Specification? Yes ☐ No ☐
- 17.3) Is an overload monitoring device fitted in accordance with the relevant SANS Specification? Yes ☐ No ☐
- 17.4) Does the fire control system (if provided) comply with the local Building Regulations? Yes ☐ No ☐
- 17.5) Are the emergency instructions displayed anywhere? Yes ☐ No ☐
- 17.6) Does the emergency operation system(s) function correctly, in accordance with the relevant SANS Specification? Yes ☐ No ☐
- 17.7) Has the functioning of the emergency operation system(s) been demonstrated? Yes ☐ No ☐
- If the answer is **YES**, to whom has it been demonstrated? Yes ☐ No ☐
- Name:
- Organization:
- 17.8) Is the artificial lighting in the machine room adequate for maintenance purposes? Yes ☐ No ☐
- 17.9) Does the artificial lighting in the well (if required) comply with the relevant Regulations and Standards? Yes ☐ No ☐
- 17.10) In the case of an installation without a machinery room, are the machine spaces satisfactory and safe? Yes ☐ No ☐
- 17.11) What are the means of emergency communication for passengers?
- 17.12) Do the emergency communications work? Yes ☐ No ☐
- 17.13) Does the emergency lighting of the car comply with the relevant Regulations and Standards? Yes ☐ No ☐

## 18. Conclusions

- 18.1) Is the lift installation complete?
- 18.2) Does this installation comply with all relevant Regulations and Standards?
- 18.3) If the answer to any question in this document was **No**, then it must be explained / substantiated in the space provided below.

## 19 Declaration of Registered ECSA Lift Inspector & Overseeing SANAS Registered Inspector.

I certify that on \_\_\_\_\_  
accordance with SANS 50081-20 and 50

the equipment was examined and tested in

Name in Block Letters :

Signature:

Date of inspection:

Name and address of company  
responsible for examination

Position(s), in the above organisation, of the person(s)  
who conducted the examination

Qualifications of the examiner

#### 20 Declaration of Overseeing SANAS Registered Lift Inspector.

I certify that on \_\_\_\_\_ the installation was checked/overseen and verified by my self

Registered Lift Inspector @ ECSA registration Number

Registered SANAS inspection body Number

Name in Block Letters :

Signature:

Date of issue:

Registered Lift Inspector @ ECSA registration Number

Name in Block Letters :

Signature:

Date of issue:





## ANNEXURE B

Report Reference Number

Department of Employment  
Labour Registration No.

Comp Reg. No:

Job No.

LEPC ISP:

## COMPREHENSIVE REPORT FOR ELECTRIC LIFTS

## Report for New Installations, Modifications, Periodic Inspection and Testing of Electric Lifts

Inspection Service Provider details:  
Physical Address:SANAS registration number:  
Postal Address:Telephone  
E-Mail  
Web

NOTE: Statement and replies to the relevant questions should be noted in the appropriate box. Where "YES" OR "NO" is indicated; the appropriate box shall be ticked and deemed to be an actionable item.

## 1. User and Premises information:

1.1 User

1.2 Name and address of premises

## 2. Lift Data

2.1 Name of OEM

2.2 Name of installation company

2.3 Year of Installation

2.4 Installed to S.A.N.S standard

2.5 Year of modification

2.6 Modification installation company

2.7 Equipment modified

2.8 Maintenance service Provider

2.9 Official Identification

2.10 Serial number

2.11 Unit Identification (e.g A or B)

2.12 Functional location

2.13 Rated Load &amp; Persons

2.14 Rated Speed

2.15 Date of Previous Report

2.16 Type of Previous Report

## 3 Condition of Lift

3.1 Were the following parts of the lift tested to verify that they are safe, compliant and in good working order:

- a) Emergency light, alarm & intercom system (if applicable)
- b) Landing doors & car door: closing effort, kinetic energy device & reversal devices?
- c) Landing doors & car door: Locks & interlocking mechanisms ? (Mechanical & electrical)
- d) Safety circuit (e.g Over-running devices (Final limit switch), E-stops.....)
- e) Overspeed governor & safety gear system ?
- f) Brakes and traction ? (Including dynamic breaking if applicable)
- g) Load test with weights every four (4) years
- h) Lighting level - Access, machine room compartment, shaft, pit & lift car?
- i) Emergency release operation?

YES	NO	Test result

3.2 Were the following parts of the lift inspected to verify that they are safe, compliant and in good working order:

- a) All required Annex documents, phone plates, drawings, certificates & signage are present in the machine compartment
- b) Landing & car door: frames, railings, panels, sills, shoes, closing devices & surrounds
- c) Enclosure of machine compartment, lift well & car?
- d) Car & counterweight: guides, foxing, shoes, rollers, buffers ?
- e) Car floor to landing floor levels?
- f) Machine drive, suspension ropes/belts or chains and attachments?
- g) Condition of the brake and traction
- h) All electrical equipment? (Also including circuit protection)
- i) if present, the hydraulic condition of jack and piping
- Other parts?

YES	NO	Inspection condition / result

3.3 All non-conformances of measurement, conditions or adjustments and defects found are substantiated and recorded in section 5.



YES	NO	Refer to Item 5 Non conformances

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

[illegible]

- [illegible]

Name of registered air inspector



## DEPARTMENT OF EMPLOYMENT AND LABOUR

## Annexure A

Doc No

## OCCUPATIONAL HEALTH AND SAFETY ACT 85 OF 1993

LIFT, ESCALATORS AND PASSENGER CONVEYOR REGULATIONS

ALL TESTS IN ACCORDANCE WITH SANS 1543 / SANS 115

## Commissioning Report for Escalators and Travelators (motorised walkways)

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

## 1. Description of Installation

Date :

Name of User (Owner / User):

Equipment Manufacturer name

Building Name:

Country of manufacture  
and factory address

Building Address:

Sold &amp; Installed by (Vendor)

State if Annexure is applicable to  
New building, full replacement  
upgrade/modification (extend)

Floor to floor vertical height

mm

Official Installation number:

Travel direction if set permanent

Vendor Identification No:

Inclination angle

°

Functional name and/or location:

Environment (Indoor, out-door..)

Type:

Serving floor  
(e.g., G - 1)

Direct star Delta

Soft start

V3F Slow down

V3F Slow stop/start

## Escalator / travelator duty &amp; speed

## Steps

Segment (office, mall...)

a) Step or rubber belt

Duty rating / people move

persons / hour

b) Step / belt width

mm

Rated Speed

m/s

c) Amount of flat steps at return station

d) Total amount of steps

Truss enclosure

a) Stainless steel

b) Glazed

c) Steel plate

d) Concrete / brick

<b>Balustrade</b>			
a) Stainless steel <input type="checkbox"/>	b) Glazed <input type="checkbox"/>	c) Steel plate <input type="checkbox"/>	d) Other <input type="checkbox"/>
<b>Electrical Power supply:</b>		<b>Electrical supply :</b>	
Volts supply <input type="text"/> V		Permanent: <input type="checkbox"/>	
Amps rating of C/B <input type="text"/> A		(during construction) Temporary: <input type="checkbox"/>	
<b>Type of supply:</b>		If temporary -the power supply section needs to be re-measured and recorded accordingly	
3 phase + E <input type="checkbox"/> 3 wire+N+E <input type="checkbox"/>		<b>Have the correct circuit breakers / fuses been fitted ?</b>	
Single Phase + E <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have the correct circuit breakers / fuses been fitted ?		Lock out and tag out possible <input type="checkbox"/>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Supply marked where power is fed from <input type="checkbox"/>	
		Main circuitbreaker/isolator within arm's reach <input type="checkbox"/>	
<b>2. Chains</b>		<b>3. Handrail</b>	
a) Step chain length per <input type="text"/> mm		a) Handrail type vinyl / rubber <input type="checkbox"/>	
b) Step chain serial number <input type="text"/>		b) Handrail length (per unit) <input type="text"/> mm	
c) Normal or lubrication free <input type="text"/>			
e) Manufacturer info present      Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>2.1 Structure</b>			
a) Is the exterior cladding provided and are the panels securely fixed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Is the cladding protected from oil spills by means of trays throughout its length?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Is it readily possible to clear fire hazardous material from the drive-end or No		Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Can drive-end & return-end enclosure doors/covers only be opened by a special key/tool?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Do the landing floor plates have a non-slip surface?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Do the landing floor plates have switches to prevent the unit from operating if not in place		Yes <input type="checkbox"/>	No <input type="checkbox"/>
g) Should bollards be required, are they compliant and fitted in the correct position (Not on the escalator platform itself)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
h) Are the protection plates between the escalator steps and pit standing area present in the top and bottom pits?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
i) Are there safe and practical means (step plate) for the technician to climb safely in and out the top and bottom pits?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
j) If applicable - Is a mid-support required & in order (due to escalator length and design)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>3. Drive</b>			

3.1 Are the landings level and securely fastened to the support beams?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.2 Is the drive machine adequately secured and the drive chain equipped with a broken chain stopping device and switch?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.3 Is the return-end equipped with an effective chain tensioning device(s) and effective switches in the safety circuit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.4 Is the overspeed device operative as designed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.5 Is the operational main brake on the drive motor-set effective?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.6 Should the vertical travel exceed 6 meters, is a secondary brake present and operational?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.7 What is the stopping distance in the down direction with the prescribed test load?	<input type="text"/> mm	
3.8 What is the stopping distance in the down direction with no load?	<input type="text"/> mm	

#### 4. Steps and combs (Top and bottom return station)

4.1 Are the steps properly aligned with the comb plates	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
4.2 Is the comb plate equipped with an effective safety switch?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
4.3 What is the running clearance between the comb plate and step	UL <input type="text"/> LL <input type="text"/>									
4.4 Is the required step demarcation in place per the requirement of the standard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
4.5 What is the maximum gap between steps, measured at the top flat step at 4 points approximately evenly spaced?	<table border="1"> <tr><td>Point 1</td><td><input type="text"/> mm</td></tr> <tr><td>Point 2</td><td><input type="text"/> mm</td></tr> <tr><td>Point 3</td><td><input type="text"/> mm</td></tr> <tr><td>Point 4</td><td><input type="text"/> mm</td></tr> </table>		Point 1	<input type="text"/> mm	Point 2	<input type="text"/> mm	Point 3	<input type="text"/> mm	Point 4	<input type="text"/> mm
Point 1	<input type="text"/> mm									
Point 2	<input type="text"/> mm									
Point 3	<input type="text"/> mm									
Point 4	<input type="text"/> mm									
4.6 Are the landings adequately lit by the general lighting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
4.7 Are comb plate lights fitted and in working order ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								

#### 5. Balustrade and Skirting

5.1 Is the skirting smooth and butt-jointed without protruding screws or other obstruction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.2 What is the maximum clearance, step to skirting, on any one side? What is the total of both sides?	<input type="text"/> mm	
5.3 Are inner profile joints smooth & butt-jointed without protruding screws or other obstruction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.4 Of what material is the balustrade made?	<input type="text"/>	
5.5 Is it firmly secured without obstruction and proper gaps or cover strips to panels?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.6 Is the handrail decking properly fitted without hazard to hands?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.7 Is balustrade lighting provided & in good order and does it have earth leakage protection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.8 Are there skirt brushes fitted per requirement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



5.9 Are anti-climb devices fitted and in accordance with the requirements of the standards? Yes ☐ No ☐

#### 6. Handrail (Top and bottom return)

6.1 Is the handrail free-running and properly tensioned? Yes ☐ No ☐

6.2 Are the handrail entry points provided with protective devices & effective safety switches? Yes ☐ No ☐

6.3 Is the handrail drive system sound and in good working order, with provision to take up future stretch in handrail system? Yes ☐ No ☐

6.4 Is the unit provided with a broken handrail switch? Yes ☐ No ☐

6.5 Are the distances between the escalator handrail & the building balustrade in accordance with the minimum and maximum distances as stipulated in the standard? Yes ☐ No ☐

6.6 Should there be a risk of a person's bodypart getting stuck between the escalator handrail and the passing floor, are there compliant devices in place to prevent this from happening. (running clearances in general to be adhered to) Yes ☐ No ☐

#### 7 Controls

7.1 Are control panels effective at both landings and with "start" operation key, switches with detachable lever, and lockable protective caps for switches operated, and with stop button readily accessible? Yes ☐ No ☐

7.2 Are control panels so positioned that the operator can have a clear view of the entire escalator? Yes ☐ No ☐

7.3 Are plugs provided in drive and return stations for portable inspection units? Yes ☐ No ☐

7.4 Are portable inspection units equipped with a "stop" function which locks into position and prevents start operation from any other source? (Require one unit per escalator) Yes ☐ No ☐

7.5 Are there permanent fixed emergency stop switches in the top and bottom pit? Not referring to the stop switch on the controller itself (can be removed out of pit) Yes ☐ No ☐

#### 8 Notices

8.1 Are the following mandatory notices (fault codes) displayed for

a) Absence of control voltage Yes ☐ No ☐

b) Control circuit fault to earth Yes ☐ No ☐

c) Overload detection of motor Yes ☐ No ☐

d) Overspeed control Yes ☐ No ☐

e) Non-reversal switch Yes ☐ No ☐

f) Operation of auxiliary brake Yes ☐ No ☐

g) Prevention of obstruction under comb plate Yes ☐ No ☐

h) Operation of handrail guard Yes ☐ No ☐

i) Stopping of successive escalators Yes ☐ No ☐



**9 Accessibility**What parts, if any, were inaccessible? **10. Brake / Traction Test**10.1 Does the brake sustain the static escalator & adjustments, according manufacturer settings Yes ☐ No ☐10.2 Should the vertical floor to floor distance exceed 6000mm, is a secondary brake system available and working Yes ☐ No ☐**11. Lighting - Illuminance****11.1 Landings**a) at least 75 lux at floor level at the top and bottom return station  
OHS Act 1993: Environmental Regulations for Passages & lobbies Yes ☐ No ☐**11.2 Top and bottom pit compartment**b) Light including light switch present. Min 50 Lux Yes ☐ No ☐**12. Dynamic tests - Safety contacts/circuits**12.1 Have the contacts at each handrail entry point been proved so that when the contacts are broken, there is no movement of the escalator? Yes ☐ No ☐12.2 Have the main brake lifting switches been proved so that when the contacts are broken, the escalator will stop from operating? Yes ☐ No ☐12.3 Have the step chain carriage switches been proven so that when the contacts are broken, there is no movement of the escalator? Yes ☐ No ☐12.4 Have the main drive chain switches been proven so that when the contacts are broken, there is no movement of the escalator? Yes ☐ No ☐12.5 Have the broken step & missing step devices been proven so that when the contacts are broken, there is no movement of the escalator? Yes ☐ No ☐12.6 Have the broken handrail & platform devices been proven so that when the contacts are broken, there is no movement of the escalator? Yes ☐ No ☐**13. Main Motor / Drive Data**13.1 State the drive type 

13.2 Provide the following details of the escalator motor (as stated on the data plate):

a) manufacturer	<input type="text"/>	e) current rating	<input type="text"/> A
b) serial No.	<input type="text"/>	f) speed	<input type="text"/> r/min
c) type	<input type="text"/>	g) class of insulation	<input type="text"/>
d) power rating	<input type="text"/> kW	h) duty rating	<input type="text"/>

13.3 Quote the type of, and the following data on, the associated energy converter(s):

a) type:  c) serial No:

kW    A    V    r/min	kW    A    V    r/min
b) input: <input style="width: 100px;" type="text"/>	d) output: <input style="width: 100px;" type="text"/>

**14 Measurements and Data**

14.1 Measure and record the following operational data:

High Speed Operation									
Escalator condition	motor speed (note 1)	speed (note 1)	motor input (note 2)			System input (note 3)			
			Running		Start	Running		Start	
	r/min	m/s	V	A	A	V	A	A	
Up									
Down									

**15 Main Drive**

15.1 State type of application e.g. Star / Delta , VVVF etc.

15.2 Measure and record the following (as appropriate):

Type of device	Manual reset	Automatic reset	Time to operate (s)	Trip current A
Circuit breaker				
Fuses				
Overloads, in each phase				
Timing relay				
Thermistor				

15.3 Have these been found to be satisfactory?

Yes ☐ No ☐**16 Insulation Resistance to earth**

NOTE This value should not be less than 0,5 MΩ at 250 V when measured using a calibrated instrument.

16.1 Escalator motor  MΩ16.2 Power systems  MΩ16.3 Safety circuits  MΩ**17 Earthing**

17.1 Is the maximum continuity resistance to earth less than 0,5 ohms?

Yes ☐ No ☐17.2 If the insulated protective conductor of the mains supply has a cross section of < 10 mm<sup>2</sup> A second insulated protective conductor (for example from lighting supply) with at least the same cross section is connected.Yes ☐ No ☐

17.3 Does the earthing of the most remote contact operate a fuse or trip a circuit-breaker without delay?

Yes ☐ No ☐**18 Protection of conductors**

18.1 Is the power supply (Isolator / DB) marked where fed from in the building

Yes ☐ No ☐

18.2 Is the fixed wiring in conduit (or in trunking, or in fittings that ensure equivalent protection) throughout?

Yes ☐ No ☐

18.3 Does the electrical wiring comply with SANS

Yes ☐ No ☐

**19 Lighting and Socket outlets**

- 19.1 Is the electrical supply to the top and bottom well, machinery & tests panel(s) independent from the supply to the machine comply with SANS Yes ☐ No ☐
- 19.2 Are there 220 V SANS compliant plug socket outlets present in the top and bottom pit Yes ☐ No ☐
- 19.3 Are all socket outlets fed from a "earthleakage device" (RCD) with a maximum tripping current of 30mA comply with 5.10.1.2.3 of SANS 50081-20 also refer to 5.1.3.2.2 of SANS 10142 Yes ☐ No ☐
- b) Tripping current of E/L Unit for socket outlet in the escalator pit  mA

**20 Phase reversal and phase failure device**

- 20.a The phase reversal and phase failure device operate correctly? Yes ☐ No ☐
- 20.b Return to service / operation is only possible by manual resetting in case of Earth Fault. Yes ☐ No ☐

**21 General**

- 21.1 Is the: (Factory serial number & Official Government Identification No) indicated on the escalator? Yes ☐ No ☐
- 21.2 Are there a means of access to all items of escalator equipment Yes ☐ No ☐

**22 Conclusions**

- 22.1 Is the escalator installation complete and does it comply with the requirements of applicable SANS standard Yes ☐ No ☐
- 22.2 Are there any other matters that require attention before the installation can be 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.

22.3 If the answer to item is YES provide the details.

**23 Declaration of Registered ECSA lift & escalator inspector & Overseeing SANAS Registered Inspector.**

I certify that on  the equipment was examined and tested in accordance with SANS 115

Registered Lift Inspector @ ECSA registration Number

Name in Block Letters :

Signature:

Date of inspection:

Name and address of company

responsible for examination

Position(s), in the above organisation, of the person(s)  
who conducted the examination

Qualifications of the examiner

#### 24 Declaration of Overseeing SANAS Registered Lift & Escalator Inspector.

I certify that on  the installation was checked/overseen and verified by my self

Registered Lift Inspector @ ECSA registration Number

Registered SANAS inspection body Number

Name in Block Letters :

Signature:

Date of issue: