

New Castle County
Department of Land Use
87 Reads Way
New Castle, DE 19720
302.395.5400

Elevator Test Report

Page of

Type of Test Performed

Date of Test

Date of Previous Test

Name of Responsible Party

Mailing Address

Name under which previous report was submitted

Is owner, tenant, or lessee responsible for maintenance of elevators on this report

If report covers lessee or tenant, give owner's name

Location inspected

Occupied as

Parcel #

(Street # and Name)

(City)

(Zip Code)

(Tel. #)

EACH ELEVATOR MUST BE LISTED UNDER PROPER NUMBER

Elevator License #						
Elevator Number and Classification						
Capacity / Passengers						
Lbs of test weights						
Type of safety						
Feet per minute						
Load Test						
Governor Test / Trip Speed						
Pressure Test						
Working Pressure						
By-Pass Relief						
Safety Test Tag Attached						
Test Satisfactory						

Report deficiencies:

All deficiencies must be corrected and re-inspected within 30 days. New Castle County shall issue a violation notice for deficiencies not corrected within 30 days.

This Test Report must be filed with the Department of Land Use immediately after the test is performed.

An elevator safety device found to be unreliable upon test shall be replaced by new safeties and governor in accordance with the requirements for new installations.
The elevator shall be placed out of service until the requirements are met.

Name of Individual Responsible for Elevator Maintenance

Elevator Inspector Name

Elevator Inspector Certification #

Elevator Inspector Signature

Elevator Mechanic Name

Elevator Mechanic Certification #

Elevator Mechanic Company

RETURN THIS FORM VIA EMAIL TO: PERMITS@NGY ECUVNGFGI QX

REV. 7/18/2019