Monthly Fire Service Test Log

The building owner or his/her designee shall provide for a <u>monthly</u> test of Phase I recall by use of the key switch and a minimum of one-floor operation on Phase II firefighters' emergency service operation. Each elevator shall be tested in conformance with the provisions of ASME A17.1 requirement 8.6.11.1.

A record of findings shall be available to elevator personnel and the Chicago Department of Buildings (DOB) in the form of a log. This log shall remain in the elevator machine room. Deficiencies shall be corrected promptly. DOB shall be notified of any deficiencies not corrected relating to the firefighters' service operation.

Building Name	Unit Identification
Address	Chicago, IL

Month	Date Tested	Phase I (Pass/Fail)	Phase II (Pass/Fail)	Tested by (Initials)	Reason for Failure	Date Repaired	Initials
JAN							
FEB							
MAR							
APR							
MAY							
JUN							
JUL							
AUG							
SEP							
OCT							
NOV							
DEC							

Responsible Party	Address
Owner / Building Management	
Phone Number	
Elevator Service Company	
Phone Number	