DLLR

Contact Phone Number: 410-767-2350

MONTHLY FIRE SERVICE TEST LOG

The building owner or his/her designee shall provide for a monthly test of Phase 1 and Phase 2 of the firefighters' emergency operation for each elevator in conformance with ASME A17.1a-2005, 8.6.11.1 Key Switch Operation

This log shall remain in the elevator machine room and shall be accessible for inspection by the authority having jurisdiction at all times.

PROPERTY LOCATION: _____
ELEVATOR REGISTRATION NUMBER: _____
ELEVATOR NUMBER:_____

DATE	PHASE 1	PHASE 2	TESTED BY (INITALS)	PASS/FAIL (P/F)	REASON FOR FAILURE	DATE REPAIRED and INITIALS

The building owner or designee is required to promptly repair any discrepancies and shall notify the appropriate local authorities of any outage realting to the firefighters' service operation

Contact Phone number: (_____) _____