

MONTHLY FIRE FIGHTERS SERVICE TEST LOG

Compliments of



**TEXAS DEPARTMENT OF LICENSING AND REGULATION
CODE REVIEW AND INSPECTIONS
P.O. BOX 12157
AUSTIN, TEXAS 78711**

1-800-803-9202 / (512) 463-7231

Monthly Fire Fighters Service
Test Log

A.S.M.E. / A17.1 VIOLATION

All elevators provided with firefighter's Service shall be subjected monthly to Phase I recall and a minimum of one floor operation of Phase II and a written record shall be kept on the premises. (1986)
A17.1 - Rule 1206.7

BUILDING NAME _____

BUILDING
ADDRESS _____

BUILDING
MANAGER'S NAME _____

PHONE NUMBER _____

NOTE

**THE FIRE FIGHTERS SERVICE TEST LOG
SHALL BE LOCATED IN THE ELEVATOR
MACHINE ROOM READILY ACCESSIBLE
TO ALL AUTHORIZED PERSONNEL.**

2004

Date Test Completed	Elevator Number(s)	Inspectors Name/Title	Comments
<hr/>			
JANUARY			
<hr/>			
FEBRUARY			
<hr/>			
MARCH			
<hr/>			
APRIL			
<hr/>			
MAY			
<hr/>			
JUNE			
<hr/>			
JULY			
<hr/>			
AUGUST			
<hr/>			
SEPTEMBER			
<hr/>			
OCTOBER			
<hr/>			
NOVEMBER			
<hr/>			
DECEMBER			
<hr/>			

*** INDICATES DATE OF CURRENT ANNUAL TEST OF ELEVATOR(S)**

**** INDICATES DATE NEXT ANNUAL TEST OF ELEVATOR(S) IS DUE**

2005

Date Test Completed	Elevator Number(s)	Inspectors Name/Title	Comments
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

*** INDICATES DATE OF CURRENT ANNUAL TEST OF ELEVATOR(S)**
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2006

Date Test Completed	Elevator Number(s)	Inspectors Name/Title	Comments
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

*** INDICATES DATE OF CURRENT ANNUAL TEST OF ELEVATOR(S)**
**** INDICATES DATE NEXT ANNUAL TEST OF ELEVATOR(S) IS DUE**

2007

Date Test Completed	Elevator Number(s)	Inspectors Name/Title	Comments
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

*** INDICATES DATE OF CURRENT ANNUAL TEST OF ELEVATOR(S)**
**** INDICATES DATE NEXT ANNUAL TEST OF ELEVATOR(S) IS DUE**

2008

Date Test Completed	Elevator Number(s)	Inspectors Name/Title	Comments
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

*** INDICATES DATE OF CURRENT ANNUAL TEST OF ELEVATOR(S)**
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