

Hydraulic Elevator Control Valve Replacement Test Declaration

Completed declarations must be sent to ELA@novascotia.ca.

General	Date:	Elevator #:	# Floors:
	NSIN #:	Class: Passenger Freight	
	Building Name:		
	Address:		
	City:		
	Owner:	Speed:	Capacity:

Hydraulic Tests	Working Pressure posted in Machine Room?	Yes	No	Full Load Working Pressure: _____ psi
	Relief Pressure	_____ psi		
	Was the Stop Ring engaged during relief pressure test?	Yes	No	
	Is there provision for the Relief Valve to be sealed?	Yes	No	
	Bypass Pressure Tested? (Note The valves bypass pressure test is a different test and not to be confused with the relief pressure test)	Yes	No	
	Is the hydraulic control valve is the same type and manufacturer as the original?	Yes	No	
	If the hydraulic control valve is not the same type and or manufacturer provide details, the valve type and manufacturer here:			
	Has all the manufacturers installation and testing instruction been followed and completed?	Yes	No	

Contractor performing tests:		
Name of Mechanic:	Signature:	Date:
<p><i>Your signature or electronic signature on this form constitutes your legally binding representation that the work herein referred to complies with all applicable regulations, codes, and standards. This form must be submitted to Nova Scotia Technical Safety at ELA@novascotia.ca. Repair and replacement activities shall be recorded in accordance to ASME 17.1/CSA B44 Safety Code for Elevators and Escalators.</i></p>		

Nova Scotia Technical Safety ONLY		
NS Inspector	Signature:	Date Valve Sealed