



Hydraulic Elevator Control Valve Replacement Test Declaration

General	Date:	Elevator #:	# Floors:
	Government #:	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
	A copy of the signed document shall be posted in the machine room for use by elevator and inspection personnel Yes No

Contractor performing tests:		
Name of Mechanic:	Signature:	Date:
<i>Your signature on this form constitutes your legally binding representation that the work herein referred to complies with all applicable regulations, codes and standards.</i>		

AEDARSA USE ONLY			
SCO Name	SCO ID	Signature:	Date Valve Sealed

EDA092 rev 1.14

FOIP "The personal information is being collected in support of the administration of the *Safety Codes Act*. The authority to collect the personal information is made pursuant to section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*, and will be managed in accordance with the privacy provisions of the *FOIP Act*. If you have any questions regarding the collection of this personal information, please contact the Alberta Elevating Devices and Amusement Rides Safety Association at 104, 8616 51 Ave, Edmonton, T6E 6E6 or by telephone at 1-800-222-7281.