



Hydraulic Elevator Control Valve Replacement/Re-Sealing Declaration
Submit Declarations to reports@aedarsa.com

General	Date:	Elevator #:	Capacity:	
	Government E#:	Class:	Passenger	Freight
	Building Name:		Material Lift	Other
	Address:			
	City:			
	This Declaration is being used for: A) Valve Replacement Or B) Re-Sealing Relief-Valve			

Record the Existing Valve Make and Model here:	Record the Replacement Valve Make and Model here:
Has the replacement valve been designated as a direct replacement by the valve manufacturer?	Yes No
Are the Mechanical Properties of the Replacement Valve the same as the existing valve?	Yes No
Is the electrical interface required to connect the replacement valve the same as the existing interface?	Yes No
If any of the answers to the above questions is No the valve replacement has been identified as an Alteration and will require an Acceptance Inspection before the device can be returned to service.	

Hydraulic Tests	Is the Working Pressure Posted in the Machine Room ?		Yes
	The Working Pressure is:		psi
	Has the Relief-Valve Setting been Tested to meet the requirements of 8.6.5.14.1 ?		Yes
	The Relief-Valve Pressure is:		psi
	Has a Temporary Seal been installed on the Relief-Valve adjustment means? (Required by Municipal Affairs STANDATA)		Yes
	Has the System Pressure Test required by 8.6.5.14.1 been performed?		Yes
	Have the Valve Manufacturers' Installation and Testing Procedures been followed?		Yes
	Note: If adjustments were made to the Relief-Valve as part of Regular Maintenance and a Temporary Seal has been installed; Speed information is not required to be recorded.	Have speeds on the Crosshead Data Plate been Verified?	Yes
		The Rated-Load Speed in the Up Direction is:	fpm
		The Rated-Load Speed in the Down Direction is:	fpm
The No-Load Speed in the Up Direction is:		fpm	
The No-Load Speed in the Down Direction is:		fpm	

Any blank fields or conflicting data may result in the device being removed from service until an Acceptance Inspection is completed.

Name of Contractor Performing Tests:	Date:
Name of Mechanic:	Mechanic Signature:
Your signature on this form constitutes your legally binding representation that the work herein referred to complies with all applicable Acts, Regulations, Codes, and Standards.	

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SCO Name	SCO ID	Signature:	Date Valve Sealed