

# Maintenance Control Program Documentation & Records Escalator & Moving Walk

**Locate this page in front of documentation binder**

Conveyance Number	Unit Number ID
Service Provider Name	Year

## General Maintenance Requirements

**To be available per A17.1/B44 – 8.6.1.2**

- 8.6.1.2.1(b) Maintenance task procedures available to elevator personnel

## On-site Documentation for all Units (Documentation binder)

**To be available per A17.1/B44 – 8.6.1.2.2 (Permanently kept on-site)**

- 8.6.1.2.2(a) Accurate As-built Wiring Diagrams
- 8.6.1.2.(b)(2) Unique maintenance procedures or methods required for inspection, tests and replacement of SIL rated E/E/PES devices — WAC 296-96-00904(7).
- 8.6.1.2.(b)(3) Unique procedures under alternative arrangements
- 8.6.1.2.(b)(4) Unique maintenance procedures specified in ASME A17.7/B44.7
- 8.6.1.2.(b)(5) Procedures for test, maintenance, adjustment
- 8.6.1.2.(c) Written checkout procedures
  - (1) E/E/PES
  - (2) Two-way communication means
- 8.6.1.2.2(d) (2) Transparent enclosure cleaning

## On-site Maintenance Records Unit Binder(s)

**To be on-site per A17.1/B44 — 8.6.1.4.1 for each conveyance (Retain for five years)**

- 8.6.1.4.1(a) Maintenance Records
- 8.6.1.4.1(a)(3) Code Non-Compliance Record
- 8.6.1.4.1(b) Repair and Replacement Records
- 8.6.1.4.1(d) Acceptance Test Records
- 8.6.1.4.2 Callback Record

**Periodic test record shall be posted in machine room**

- 8.6.1.7.2 Periodic Test Results, Category 1 (use state form F621-118-000)



Elevator Program  
PO Box 44480  
Olympia WA 98504-4480

# Escalator Maintenance Record

**Provide the following information:** **1** Mechanic: Enter State Conveyance No., company initials, and year. **2** In month cell, indicate month task is due using highlighter or asterisk and indicate completion of task using mechanic or company initials. Provide interval in months in interval column. If interval exceeds 12 months, also provide next due date in column. If task is not applicable, mark NA in interval column.

Conveyance Number	Company Initials	Year
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Escalator	Interval	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
8.6.1.5 Code Data Plate													
8.6.1.6.3 Controllers, Wiring, & Wiring Diagrams													
8.6.1.6.5 Fire Extinguishers.													
8.6.1.6.7 Signs and Data Plates													
8.6.8.1 Handrails													
8.6.8.2 Step-to-Skirt Clearance													
8.6.8.3 Step/Skirt Performance Index													
8.6.8.3.3(a)(b)(c) Step/Skirt Performance Index													
8.6.8.4.1 Combs with Broken Teeth Repaired													
8.6.8.4.2 Combs adjusted to mesh with slots													
8.6.8.4.3 Comb-step impact devices adjusted													
8.6.8.5 Escalator Skirt Panel / obstruction device													
8.6.8.6.1 Steps Tread Broken Repair and Replace													
8.6.8.6.2 Dented /Damaged Risers Repair or Replace													
8.6.8.6.3 Steps proper engagement with combplate													
8.6.8.6.4 Width/Depth of slots meet code or repair													
8.6.8.7 Rollers, Tracks, and Chains.													
8.6.8.8 Signs													
8.6.8.9 Guards at Ceiling Intersections.													
8.6.8.10 Antislid Devices													
8.6.8.11 Handrail Guards.													
8.6.8.12 Brakes.													
8.6.8.13 Cleaning.													
8.6.8.14 Entrance and Egress Ends.													
8.6.11.6 Startup and Procedures													



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# Moving Walk Maintenance Record

**Provide the following information:** **1** Mechanic: Enter year, State Conveyance No., company name and company initials. **2** In month cell, indicate month task is due using highlighter or asterisk and indicate completion of task using mechanic or company initials. Provide interval in months in interval column. If interval exceeds 12 months, also provide next due date in column. If task is not applicable, mark NA in interval column.

Conveyance Number	Company Initials	Year
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Moving Walk	Interval	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
8.6.1.5 Code Data Plate													
8.6.1.6.3 Controllers, Wiring, & Wiring Diagrams													
8.6.1.6.5 Fire Extinguishers.													
8.6.1.6.7 Signs and Data Plates													
8.6.9.1 Handrails.													
8.6.9.2.1 Broken Comb teeth repaired or replace													
8.6.9.2.2 Combplate adjustment													
8.6.9.2.3 Comb-pallet impact devices													
8.6.9.3.1 Broken Pallets repaired or replaced													
8.6.9.3.2 Intermeshing damaged pallets repaired													
8.6.9.3.3 Pallets worn or damaged repaired													
8.6.9.3.4 Width and depth of pallet slot repaired													
8.6.9.4 Rollers, Tracks, and Chains exam & clearances													
8.6.9.5 Belt-Type Treadway repaired or replaced													
8.6.9.6 Signs													
8.6.9.7 Guards at Ceiling Intersections.													
8.6.9.8 Antislid Devices.													
8.6.9.9 Handrail Guards damaged repaired or replaced													
8.6.9.10 Brakes maintain and adjusted to torque													
8.6.9.11 Cleaning examination once a year													
8.6.9.12 Entrance and Egress Ends securely fasten													
8.6.9.13 Clearances between treadway and skirt panel													
8.6.11.6 Startup and Procedures													

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Instructions: This record shall be used to document all non-compliance issues pertaining to A17.1 reported to or by elevator personnel.

Conveyance Number	Company Initials	Year
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Date	Description of Non-Compliance	Person Reported To	Technician Initials



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Conveyance Number	Company Initials	Year
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Date	Name of Company or Mechanic	Type of Work <input type="checkbox"/> Repair <input type="checkbox"/> Replacement
Description of Work		

Date	Name of Company or Mechanic	Type of Work <input type="checkbox"/> Repair <input type="checkbox"/> Replacement
Description of Work		

Date	Name of Company or Mechanic	Type of Work <input type="checkbox"/> Repair <input type="checkbox"/> Replacement
Description of Work		

Date	Name of Company or Mechanic	Type of Work <input type="checkbox"/> Repair <input type="checkbox"/> Replacement
Description of Work		

Date	Name of Company or Mechanic	Type of Work <input type="checkbox"/> Repair <input type="checkbox"/> Replacement
Description of Work		

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Conveyance Number	Company Initials	Year
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Date	Time	Name of Company or Mechanic
Description of Reported Trouble		
Resolution — Corrective Action Taken		

Date	Time	Name of Company or Mechanic
Description of Reported Trouble		
Resolution — Corrective Action Taken		

Date	Time	Name of Company or Mechanic
Description of Reported Trouble		
Resolution — Corrective Action Taken		

Date	Time	Name of Company or Mechanic
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Date	Time	Name of Company or Mechanic
Description of Reported Trouble		
Resolution — Corrective Action Taken		