## **MONTHLY FIRE SERVICE TEST LOG**

The building owner or designee shall provide for a monthly fire service test of Phase I recall by use of the key switch and a minimum of one-floor operation on Phase II firefighters' emergency service operation, to ensure the sy stem is maintained in proper operational order. Each elevator shall be tested in conformance with the provision of ASME A17.1 - 2016 MO & ASME A17.1-2022 KS.

A record of findings shall be kept in the elevator machine room and available to elevator personnel in the form of this log. Deficiencies shall be corrected promptly and recorded as corrected.

Building Name:				<u>Unit Id</u>	Unit Identification:			
Address:								
Month	Date Tested	Phase I (Pass/Fail)	Phase II (Pass/Fail)	Tested	Reason for Failure	Date Repaired	Initials	
JAN	resteu	(Fass/Faii)	(Passy Fail)	Ву		Repaired		
FEB								
MAR			!				<u> </u>	
APR								
MAY								
JUN					_			
JUL								
AUG								
SEP			+		_			
ОСТ								
NOV			-					
DEC			-					
Owner/Building Management:					Phone:			
Elevator Maintenance Company: Phone:								