

Department of Industrial Relations  
Division of Occupational Safety and Health  
ELEVATOR, RIDE, AND TRAMWAY UNIT  
1515 Clay St., Suite 1306  
Oakland, CA 94612  
Phone (510) 622-3026  
Fax (510) 622-3045  
BayAreaElevator@dir.ca.gov



Friday, December 27, 2013

City of Oakland, Attn: Walter Butler  
250 Frank Ogawa Plaza, Suite 1329  
Oakland, CA. 94612

Re: 455 - 7<sup>th</sup>. St., Oakland #035811

Building Manager;

I am rejecting the Hydraulic Load Test results, copy enclosed, because of the items listed on the attached sheet. Please contact your elevator company to discuss your options.

Respectfully;

A handwritten signature in blue ink, appearing to read 'David Henderson', with a long horizontal flourish extending to the right.

David Henderson  
Acting Senior, Elevator Unit

State of California

Department of Industrial Relations

Division of Occupational Safety and Health

ELEVATOR, RIDE, AND TRAMWAY UNIT

1515 Clay Street, Suite 1306

Oakland, CA 94612

Phone (510) 622-3026

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Date:



To: Responsible Party of Elevator No. 35811

Subject: Five Year Hydraulic Load Test

The Division has reviewed the five year hydraulic load test report dated 12/17/13

The report is not in compliance as submitted and is being returned for the following reason(s):

- ☐ Capacity does not correspond with original job specifications.
- ☐ Rated car speed does not correspond with original job specifications.
- ☐ The rated speed shall be adjusted to be not greater than 110% of full load up speed.
- ☐ The full load down speed shall be adjusted to be not greater than 125% of rated speed.
- ☐ The full load down speed shall be adjusted to conform to the buffer stroke requirement.
- ☒ The relief valve is set at a pressure greater than 125% of the full load running pressure.
- ☐ The pressure relief valve is not sealed.
- ☐ Tag with proper information is not attached to the pumping unit.
- ☐ Static test failed.
- ☐ Pressure switch not tested.
- ☐ Incomplete form as noted on return form.
- ☐ Pit valve rating does not match the pressure of the system.
- ☐ Signature of Building Owner/Responsible Party is missing.
- ☐ New Load Test shall be witnessed by the Division.
- ☐ Elevator Company shown as performing test is not listed as certified to work in California.
- ☐ Other: \_\_\_\_\_

Should you have any questions about this report, you may call this office.

Sincerely

Allen Rutherford



GROUP 2 FIVE YEAR HYDRAULIC LOAD TEST REPORT

To comply with the Elevator Safety Orders, 3071(j), this form shall be filled out and returned by the compliance date shown on the Preliminary Order. If repairs, adjustments or replacements are needed for code compliance, they are to be completed before returning this form. Submitting an incorrect report may cause another test to be required, witnessed by the Division, with additional fees. L.C. 7314

Purpose of Load Test State Required Load Test

Elevator State Number 035811

Date of Test 12-17-13

Location of Elevator 455 7th Street  
Street

Oakland  
City

94612  
Zip

Elevator Rated Load as Shown on Crosshead Data Plate 2000

Rated Speed as Shown on Data Plate (Not greater than 110% of Up Speed as shown below) 30

Elevator Up Speed with Rated Load 22 Elevator Down Speed with Rated Load 42

Rated Car Speed, Feet per Minute	Buffer stroke in inches
100 or less	1 1/4
101 to 150	2 1/4
151 to 200	4

Working Pressure 230 Relief Valve Pressure (125% max.) 400

Pit Shut off Valve Rating 1000 MR Shut off Valve Rating 1000

OSV Tripping Speed 45 Outside Diameter of Ram 5.45

Relief Valve Sealed? Yes ☒ No ☐ Maximum Centrifugal Pump Pressure N/A

Movement of Elevator with Rated Load in 15 Minutes 0  
(NOTE: Movement greater than .250 inch without proper justification is unacceptable)

Pressure Switch: Yes ☐ No ☒ Operational? ☐

Load Test Data Tag Attached: Yes ☒ No ☐

CQCC Performing Test Dream Ride Elevator #CC-07-012839 Expires: July 2, 2015

Company Name, Certification Number and Expiration

(707) 745-1380

CQCC Telephone Number

CCCM Performing Test

TERRY FARWELL  
Printed Name

[Signature]  
Signature

Mechanic F90916  
Title CCCM Certification Number

Doc# EU-471

Verification by CQCC of Current Responsible Party

Arnel Garcia - City of Oakland Public Works Agency  
Name of Responsible Party

250 Frank H. Ogawa Plaza, Suite 1329  
Address of Responsible Party

Oakland (510) 238-3516  
City of Responsible Party Phone Number of Responsible Party

Rev: 5/25/2011

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