

**BUILDING CONTROL (FIXED INSTALLATIONS) REGULATIONS 2025
REGULATION 21(4)(b)**

INSPECTION REPORT ON THE EXAMINING, INSPECTING, TESTING AND COMMISSIONING OF HYBRID LIFT

Commissioner of Building Control
Building and Construction Authority
52 Jurong Gateway Road
Website: <http://www.bca.gov.sg/>

INSTRUCTIONS:

- (1) *Delete Accordingly.
- (2) If "NA" is selected for any item, to indicate in the remarks for the particular section the reason(s) for selecting "NA".
- (3) For all non-satisfactory ("NS") items, supervisor Qualified Persons ("QPs") to ensure rectification and verify that the rectification is satisfactory before indicating the status as satisfactory ("S").
- (4) This checklist is not exhaustive. QP must ensure full compliance with the relevant and standard applicable to the Lift (as defined below).
- (5) This checklist is for the Lift only. Use another checklist for another lift.

COVER PAGE

Test Date: _____

Building Details

Address: Blk/Hse No. _____ Street Name: _____
Development Type HDB/ Residential (Non-landed)/ Residential (Landed) /Industrial / Commercial / Institutional

Lift Details

- 1 Lift Number ("Lift"): _____
- 2 Type of Lift: Passenger Lift / Goods Lift / Service Lift / Car Lift
- 3 Applicable Code/Year: _____
- 4 Lift Manufacturer: _____
- 5 Lift Model: _____
- 6 Lift Brand: _____
- 7 Controller Model: _____
- 8 Number of Door Opening(s): _____
- 9 Number of floors served: _____
- 10 Travel Height: _____ m
- 11 Rated Speed: _____ m/s
- 12 Rated Load: _____ kg
- 13 Maximum No. of Passengers: _____
- 14 Mode of operations: *Simplex / Duplex / Triplex / Group Control: _____ (Group Size)
- 15 Fire safety provision: *Fire Lift / Evacuation Lift / Not Provided

S/N	COP Clause	Description	Status	Remarks/ Follow-Ups
<u>Lift Car Enclosure</u>				
1	5.4.2	Verification of Car Platform Area	S / NS / NA	
		Car Size		
		Width: _____ mm Depth: _____ mm Height: _____ mm		
2	5.4.2	Overload weight device, alarm and indicator (Exceed rated load by 75kg)	S / NS / NA	
3	5.1.5	Verification of Car Door Requirements Car door type (Opening): Centre / Side / Bi-parting / Sliding up / Others: _____ Number of door panels: 1 / 2 / 4 / 6 / Others: _____ Door Width: _____ mm Door Height: _____ mm Door Protective Device(s): Light curtain / 3D Sensor / Mechanical edge Door Protective Device Resolution: 50mm (Pass/Fail)	S / NS / NA	
		Car door closing force measured : _____ N (Required ≤150N)		
5	5.1.4	Horizontal distance between the inner surface of the well and closing edge of car sliding doors shall not exceed 150mm: Pass/Fail Provision of car mechanical lock: Y/N	S / NS / NA	
6	5.4	In-Car Ventilation and Lighting Verification of Car Ventilation (≥20ACH): Pass/Fail Verification of Lighting: Pass/Fail Verification of EBOPS and its function: Pass/Fail	S / NS / NA	
7	5.5.16 (EN81-41)	Verification of emergency alarm device and intercom	S / NS / NA	
8	5.4.2.3 (EN-81-41)	Verification of stopping accuracy	S / NS / NA	
9	5.4.3	Verification Automatic Rescue Device ("ARD") / Uninterrupted Power Supply ("UPS") and its function: Pass/Fail	S / NS / NA	
<u>Protection Against Free Fall /Overspeed Descent/UCM</u>				
10	5.5.3	For Direct Acting Lift: Verification of Rupture Valve/Restrictor c/w Pawl device: Pass/Fail For Indirect Acting Lift: Verification of Rupture Valve/Restrictor c/w Pawl device: Pass/Fail Verification of Safety Gears: Pass/Fail Activation means: <u>Overspeed Governor/ Breakage of Suspension</u> <u>Means/Safety Rope</u> Pass/Fail	S / NS / NA	

11	5.4.5.2 & 5.4.5.3 (EN81-41)	For Indirect Acting Lift only No. of Ropes/Chains (min. no. is 2): _____ Pass/Fail Rope Diameter (min. 6mm): _____ Pass/Fail	S / NS / NA	
12	5.4.3 & 5.5.2	Unintended Car Movement Protection ("UCMP") UP Direction UCMP Stopping Distance: _____ (up - empty load): Pass/Fail Verification of self-monitoring for hydraulic valves: Pass/Fail Verification of Car Apron (750mm or retractable): Pass/Fail	S / NS / NA	
Emergency operation				
13	5.4.10.17 (EN81-41)	Moving the platform downwards by manually operated emergency lowering valve: Pass/Fail Moving the platform upwards by hand-pump which causes the platform to move in the upwards direction for platform fitted with a safety gear or a clamping device: Pass/Fail	S / NS / NA	
Lift Pit				
14	5.1.10	Car Buffer (for indirect hydraulic system): Y/N	S/NS/NA	
15	5.2.1	Pit Safety Clearance Pit Depth: _____ mm Pit Blocking Device c/w safety switch interlocking: Y/N Blocking Device can be activated from landing: Y/N Pit Depth after activation of Blocking Device: _____ mm	S/NS/NA	
Car Top				
16	5.3.1	Provision of Car Top Balustrade (1.1m)	S / NS / NA	
17	5.3.2	Car roof (strength) able to accommodate at least 2 pax: Pass/Fail Provision of car top locking device c/w safety switch interlocking: Y/N Car Top Clearance: _____ mm Provision of Car Top Prop c/w safety switch interlocking: Y/N Car Top Clearance after activation of Prop: _____ mm Provision of 2 nos. of Refuge Spaces 1 on Car Top: Y/N	S / NS / NA	
18	5.3.3	Verification of emergency trap door (0.4m x 0.5m) interlocked with safety switch: Pass/Fail	S / NS / NA	
19	5.1.4	Ventilation Opening (Machinery Space and Lift Car) _____ mm x _____ mm	S / NS / NA	
20	5.1.6	Verification of functionality of safety Switches Emergency Stop Switch(s) Landing Door Lock Switch(s) (Sampling) Lift Car Door Gate Switch Lift Car Emergency Exit Switch(s) (e.g. trapdoor) Pressure Relief Valve Non-return Valve	S / NS / NA	
21	5.1.9	Provision of Residue Current Device (RCD): Pass/Fail Earthing/Bonding from Supply DB to Controller, panel doors etc: Pass/Fail	S / NS / NA	
22	5.1.4	Illumination at Machinery Area, Car Top, Pit and in Car: Pass/Fail	S / NS / NA	
22	Nil	Any other findings	S / NS / NA	

Declarations and Certification:

I, as the supervisor QP declare that:

- (1) The measurements, observations and information as stated above are true and accurate as at the date of submission.
- (2) I was physically present when the fixed installation works contractor carried out the examination, inspection, testing and commissioning of the Lift
- (3) I confirm and certify that the Lift is in fit and safe for operation and use.
- (4) I am not a partner, associate, director, officer or employee of the owner of the Lift or the fixed installation works contractor carrying out the examination, inspection, testing and commissioning of the Lift.
- (5) I acknowledge and understand that this test report and my declarations and certification will be relied on by the Commissioner of Building Control to assess if a permit to operate will be granted in respect of the Lift.

Name of fixed installation works contractor:

Name and Signature of Supervisor QP:

Name(s) of the employees of the fixed installation works-contractor conducting the examining, inspecting, testing and commissioning of the Lift:

Date(s) and Time(s) of examining, inspecting, testing and commissioning of the Lift: