

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

**INSPECTION REPORT ON THE EXAMINING, INSPECTING, TESTING AND COMMISSIONING
OF ESCALATOR(SS626)**

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 Escalator (as defined below).
- (5) This checklist is for the Escalator only. Use another checklist for another escalator.

COVER PAGE

Test Date(s): _____ Test Start Time(s): _____

Building Details

Address: Blk/Hse No. _____ Street Name _____

Development Type: Residential (HDB) / Residential (Non-landed) / Residential (Landed)
Industrial / Commercial / Institutional (e.g. schools, hospitals) / Mixed: _____

Lift Details

- 1 Escalator Number ("**Escalator**"): _____
- 2 Type of Equipment: *Escalator / Moving Walk (Inclined) / Moving Walk (No Inclination)
- 3 Applicable Code/Year: _____
- 4 Escalator Manufacturer: _____
- 5 Escalator Model: _____
- 6 Escalator Brand: _____
- 7 Inclination Angle: _____ degrees
- 8 Travel Height: _____ m
- 9 Rated Speed: _____ m/s
- 10 Step Riser: _____ mm
- 11 Step Width: _____ mm
- 12 Number of Visible Steps: _____
- 13 Number of Flat Steps: _____
- 14 Balustrade Type: *Glass / Metal

S/N	Clause	Description	Status	Remarks/ Follow-Ups
<u>Machinery Space</u>				
M.1		Verification of Drive Machine and Controller Drive Machine Make: _____ Drive Machine Model: _____ Controller Make: _____ Controller Model: _____	S / NS / NA	
M.2		Verification and Testing of Auxillary Brakes Auxillary Brake Make: _____ Auxillary Brake Model: _____ Type of Auxillary Brake: <u>Direct Acting on Sprocket</u> / <u>Direct Acting on Drive Shaft</u> / Others: _____	S / NS / NA	
M.3		Earthing/Bonding from Supply DB to Controller, Machine and Equipment in Machinery Space	S / NS / NA	
M.4		Proper fixing of drive equipment, balustrade panel, cladding panels and floor /access plate, skirt panel brush	S / NS / NA	
M.5		Safety signs near the entrance	S / NS / NA	
M.6		Yellow demarcation on the steps	S / NS / NA	
M.7		Proper labelling of Isolators, mains control panel and other components	S / NS / NA	
<u>Verification of Compliance for Escalator / Moving Walk Dimensions</u>				
C.1		Requirements on skirt deflectors	S / NS / NA	
C.2		Escalator elevation principal dimension	S / NS / NA	
C.3		Escalator moving walk sectional view principal dimensions	S / NS / NA	
C.4		Anti misuse devices	S / NS / NA	
C.5		Steps principal dimensions	S / NS / NA	
C.6		Pallet clearances and mesh depths (without meshed edges)	S / NS / NA	
C.7		Pallet clearances and mesh depths (with meshed edges)	S / NS / NA	
C.8		Building structures to escalator clearances	S / NS / NA	
C.9		Barriers at landing	S / NS / NA	
C.10		Dimension of safety zone at the exit area	S / NS / NA	
<u>Functional Test</u>				
F.1		Emergency stop switch(s)	S / NS / NA	
F.2		Handrail inlet switch(s)	S / NS / NA	
F.3		Comb plate switches	S / NS / NA	
F.4		Broken step-chain switches	S / NS / NA	
F.5		Skirt switches	S / NS / NA	

F.6		Step sag monitor	S / NS / NA		
F.7		Missing step detector	S / NS / NA		
F.8		Step lift switch / up thrust switch	S / NS / NA		
F.9		Pit stop switches	S / NS / NA		
F.10		Access cover switches	S / NS / NA		
F.11		Handrail speed sensor (handrail slip monitor)	S / NS / NA		
F.12		Illumination requirements at the comb intersection area	S / NS / NA		
F.13		Direction / STOP indicators	S / NS / NA		
F.14		Overspeeding and direction reversal prevention	S / NS / NA		
F.15		PESSRAE items if used	S / NS / NA		
F.16		Hand winding operation	S / NS / NA		
F.17	Brake stopping distance verification:		S / NS / NA		
		Stopping Distance (mm)			
		No Load			Full Load
	Auxillary Brake(s)				
Operational Brake(s)			S / NS / NA		
F.18		Any Other Items:	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 Escalator
(3) I confirm and certify that the Escalator 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 Escalator or the fixed installation works contractor carrying out the examination, inspection, testing and commissioning of the Escalator.
(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 Escalator.

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 Escalator:	

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