



ELEVATOR INSPECTION FORM

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|--|--|-------------------------|------|---|--|---|------|
| State Number: NV | | Serial #: | | Use: Passenger: <input type="checkbox"/> Freight: <input type="checkbox"/> | | Description: | |
| User Number: | | Drive: | | Year Built/Altered: | | Manufacturer: | |
| Location on Site: | | Capacity (lbs.): | | Speed (fpm): | | Landings: | |
| Working Pressure (psi): | | Relief Setting (psi): | | CAT 1 Date: | | CAT 5 Date: | |
| Date Inspected: | | Inspection Type: | | Follow-up: <input type="checkbox"/> Periodic: <input type="checkbox"/> Witnessing: <input type="checkbox"/> Alteration: <input type="checkbox"/> First Certificate: <input type="checkbox"/> Quality Control: <input type="checkbox"/> | | | |
| Issue Permit: Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | | | Notice of Non-Compliance/Violation: Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | | |
| Abatement Date: | | Permit Exp: | | Next Insp: | | Exemption: Yes: <input type="checkbox"/> No: <input type="checkbox"/> | |
| (1) LOCATION: | | | | (2) INVOICE CONTACT: | | | |
| Address: | | | | Address: | | | |
| City: | | State: | Zip: | City: | | State: | Zip: |
| (3) MAIL CERT TO: | | | | (4) OWNER: | | | |
| Address: | | | | Address: | | | |
| City: | | State: | Zip: | City: | | State: | Zip: |
| MR/MS Notes: | | | | | | | |
| CT Notes: | | | | | | | |
| PIT Notes: | | | | | | | |
| CAB Notes: | | | | | | | |
| HW Notes: | | | | | | | |
| LOG Notes: | | | | | | | |
| Extra Notes: | | | | | | | |
| AIA Special Inspector (Print/QEI#/Sign or E-Sign): | | | | | | Digital Signature: | |
| MCS Inspector (Print/QEI#/Sign or E-Sign): | | | | | | Digital Signature: | |