**NEVADA DEPARTMENT OF BUSINESS & INDUSTRY**
Division of Industrial Relations
**MECHANICAL COMPLIANCE SECTION**

# ELEVATOR INSPECTION FORM


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Suite 160
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|---|---|---|---|---|---|
| State Number: **NV** | | | **Use**: Passenger: ☐ Freight: ☐ | | Description: |
| Serial Number: | | | Drive: | | |
| User Number: | | | CAT 1 Date: | | |
| Capacity: | | | CAT 5 Date: | | |
| Manufacturer: | | | Landings: | | |
| Year Built / Altered: | | | Speed: | | |
| Location of Object: | | | **Exemption**: Yes: ☐ No: ☐ | | |
| Working Pressure: | | | Relief Setting: | | |
| **Inspection Type**: Follow-up: ☐ Periodic: ☐ Witnessing: ☐ | | | Alteration: ☐ First Certificate Inspection: ☐ Quality Control: ☐ | | |
| **USER** Name: | | | **OWNER** Name: | | |
| Address: | | | Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |
| **Is the condition of the object such that a permit may be issued?** Yes: ☐ No: ☐ | | | | | |
| **Is there a corresponding Notice of Non-Compliance?** Yes: ☐ No: ☐ | | | **Is there a corresponding Notice of Violation?** Yes: ☐ No: ☐ | | |
| Abatement Date: | Insp Date: | | Permit Exp: | Next Insp: | |

**Notes**:

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|---|
| Printed Name & Title of the Person to Whom the Condition of this Object was Explained: |
| AIA Special Inspector (Print/Sign/QEI #): |
| MCS Inspector (Print/Sign/QEI #): |
| MCS Office Use Only: |
| Date Received by MCS: |