



ELEVATOR

Location Information							
Name:				Location ID# (if known):			
Address:				City:		State:	Zip:
Responsible Party Information							
Name:				Company Name:			
Address:				City:		State:	Zip:
Phone #:				Email:			
Responsible Party Type:		Owner: <input type="checkbox"/> or Agent: <input type="checkbox"/>		Use Same Address for:		Certificate: <input type="checkbox"/> Invoice: <input type="checkbox"/>	
Conveyance Information							
State Number: NV		Serial #:		Manufacturer:		User #:	Site Location:
Original Code Data Plate Year:			Year Originally Installed:				
Alteration Code Data Plate Year:			Year of Last Alteration:				
Conveyance Use:		Passenger: <input type="checkbox"/> or Freight: <input type="checkbox"/>		Freight Class:		A: <input type="checkbox"/> B: <input type="checkbox"/> C1: <input type="checkbox"/> C2: <input type="checkbox"/> C3: <input type="checkbox"/>	
Conveyance Type:		Electric: <input type="checkbox"/> Hydraulic: <input type="checkbox"/> Other: <input type="checkbox"/>		Description:			
Capacity (lbs.):		Speed (fpm):		Front Landings:		Rear Landings:	
Inspection Information							
Inspection Date:			CAT 1 Date:		CAT 5 Date:		
Inspection Type:		Periodic: <input type="checkbox"/> Witnessing: <input type="checkbox"/> Follow-up: <input type="checkbox"/>			Alteration: <input type="checkbox"/> First Certificate: <input type="checkbox"/> QC: <input type="checkbox"/>		
NOTES: (Pg2: <input type="checkbox"/>)							
MR/MS:				CT:			
PIT:				CAB:			
HW:				LOG:			
Door Restrictors Installed:			Keyed alike [A17.3-2011] 3.11.3:		[A17.1-2013] 2.27.8 FEO-K1 Key:		
Yes: <input type="checkbox"/> No: <input type="checkbox"/>			Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Test Information							
Test Witnessed:		Category 1: <input type="checkbox"/> Category 3: <input type="checkbox"/> Category 5: <input type="checkbox"/>					
Test Tags in Place:		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Exemption:		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Non-Compliant/Violation:		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Issue Permit:		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Notice of Non-Compliant/Notice of Violation							
Code Reference				Status			
Edition:	Year:	Section:	Description:	CB:	ADI:	Abatement: (Max 30-Days)	Completed Date:
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
			Additional NONC/NOV listed on Page 2: <input type="checkbox"/>				
Certification Information							
Inspection Agency:		Inspector (Print/QEI#/Sign or E-Sign):			Date:	Digital Signature:	



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Addendum to Elevator Inspection Report			
State Number: NV	Location:	Inspector (Print):	Date:

Notice of Non-Compliant/Notice of Violation							
Code Reference				Status			
Edition:	Year:	Section:	Description:	CB:	ADI:	Abatement: (Max 30-Days)	Completed Date:
				<input type="checkbox"/>	<input type="checkbox"/>		
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Additional Notes