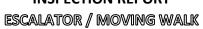
NEVADA DEPARTMENT OF BUSINESS & INDUSTRY

Division of Industrial Relations

MECHANICAL COMPLIANCE SECTION

INSPECTION REPORT





Northern Office:

4600 Kietzke Lane, Suite F-151 Reno, Nevada 89502 Office: (775) 688-3750

Fax: (775) 688-1664

Southern Office:

1301 N. Green Valley Parkway Suite 160 Henderson, Nevada 89074 Office: (702) 486-9054

Fax: (702) 486-9176

					Location In	formation							
Name:	Location ID# (if known):												
Address:						City: S				State	e:		Zip:
Responsible Party Information													
Name:						Company Name:							
Address:						City:				State:			Zip:
Phone #:						Email:							
Responsib	le Party	Туре:	Owner:	Use Same Address for:				Certificate: Invoice:					
						Information							
State Number: NV			Serial #:			Manufacturer:			User #: S		Sit	e Location:	
Original Co	ode Data	a Plate Yea	r:	Year Originally Installed:									
Alteration	Code Da	ata Plate Y	ear:	Year of Last Alteration:									
Conveyand	ce Type:	Escalato	or: 🗌 Mov	ing Wal	k: 🗌 Trave	el Direction:	Up	p: 🗌 Do	own: [S	peed (f	pm)	:
					Inspection I	nformation							
Inspection	Date:			CAT 1 E	Date:	Semi-Annual Date:							
Inspection				odic: Witnessing: Follow			Alte	Alteration: First Certificate				e: 🗆	<u>QC</u> : □
Brake Toro	Brake Torque Reading 1:						ue R	Range 1:				_	
Brake Toro	que Rea	ding 2:		Brake Torque Range 2:									
	Comb Impact Upper: Left:			Center:			Rig	_	Vertical Up			Jp:	
Comb Impact Lower: Left:							Right:			Vertical Up:			Jp:
Step/Skirt Index Conducted: Yes: ☐ No: ☐ Brushes: Yes: ☐ No: ☐													
					Test Info	rmation							
Test Witne	essed:		Category	1: 🗆 Se	emi-Annual:								
Test Tags i	n Place:		Yes: ☐ No: ☐			Exemption:				Yes: ☐ No: ☐			
Non-Compliant/Violation:			Yes: ☐ No: ☐			Issue Permit:				Yes: ☐ No: ☐			
					Non-Complia	nt/Notice o	f Vic	olation					
			Code Refe							9	Status		
Edition: Year: Section:		Section:	Description:					CB:	ADI:	Abatement: (Max 30-Days)			Completed Date:
			Addition	al NON	C/NOV listed	l on Page 2.	П						
Additional NONC/NOV listed on Page 2: Certification Information													
Inspection Agency: Inspector (Print/QEI#/Sign or							•	Date:		Digit	al Sign	atur	e:
Поресстоп	, Beriey		inspector (Finit/QEI#/Sigil Of			L-SIGIT).		Date.		Digital Signature:		<u>.</u>	

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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:			ADI:	Abatement: (Max 30-Days)	Completed Date:				
		I.										
Additional Notes												