

NEVADA DEPARTMENT OF BUSINESS & INDUSTRY
 Division of Industrial Relations
MECHANICAL COMPLIANCE SECTION
ESCALATOR INSPECTION FORM



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State Number: NV			Use: Passenger		Description: ESC: <input type="checkbox"/> MW: <input type="checkbox"/>	
Serial Number:			Drive:			
User Number:			CAT 1 Date:			
Capacity:			Semi-Annual Date:			
Manufacturer:			Landings: 2			
Year Built / Altered:			Speed:			
Location of Object:			Exemption: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
USER Name:			OWNER Name:			
Address:			Address:			
City:	State:	Zip:	City:	State:	Zip:	
Inspection Type: Follow-up: <input type="checkbox"/> Periodic: <input type="checkbox"/> Witnessing: <input type="checkbox"/>			Alteration: <input type="checkbox"/> First Certificate Inspection: <input type="checkbox"/> Quality Control: <input type="checkbox"/>			
Is the condition of the object such that a permit may be issued? Yes: <input type="checkbox"/> No: <input type="checkbox"/>						
Is there a corresponding Notice of Non-Compliance? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			Is there a corresponding Notice of Violation? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Abatement Date:		Insp Date:		Permit Exp:		Next Insp:
Brake Torque Reading 1:			Brake Torque Range 1:			
Brake Torque Reading 2:			Brake Torque Range 2:			
Comb Impact Upper:	Left:	Center:	Right:	Vertical Up:		
Comb Impact Lower:	Left:	Center:	Right:	Vertical Up:		
Step/Skirt Index Conducted: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			Brushes: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			

Notes:

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:	