



| 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: <b>NV</b>  |   | Serial #:  |   |                            | Manufacturer:   |  | User #:   | Site Location:              |                    |
| Original Code Data Plate Year:   |   |  |   | Year Originally Installed: |   |  |   |                             |                    |
| Alteration Code Data Plate Year:   |   |  |   | Year of Last Alteration:   |   |  |   |                             |                    |
| Conveyance Type:   | Escalator: <input type="checkbox"/> Moving Walk: <input type="checkbox"/>                                   |  | Travel Direction:   |                            | Up: <input type="checkbox"/> Down: <input type="checkbox"/>         | Speed (fpm):   |   |                             |                    |
| Inspection Information   |   |  |   |                            |   |  |   |                             |                    |
| Inspection Date:   |   |  | CAT 1 Date:   |                            |   | Semi-Annual 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"/> |                            |   |  |   |                             |                    |
| 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: (Pg2: <input type="checkbox"/> )  |   |  |   |                            |   |  |   |                             |                    |
| Test Information   |   |  |   |                            |   |  |   |                             |                    |
| Test Witnessed:  |   | Category 1: <input type="checkbox"/> Semi-Annual: <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:<br>(Max 30-Days) | Completed<br>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"/>  |                             |                    |
|  |   |  | Additional NONC/NOV listed on Page 2: <input type="checkbox"/>  |                            |   |  |   |                             |                    |
| Certification Information  |   |  |   |                            |   |  |   |                             |                    |
| Inspection Agency:   |   |  | Inspector (Print/QEI#/Sign or E-Sign):  |                            |   | Date:  |   | Digital Signature:          |                    |
|  |   |  |   |                            |   |  |   |                             |                    |



**Northern Office:**  
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**Addendum to Elevator Inspection Report**

|                         |           |                    |       |
|-------------------------|-----------|--------------------|-------|
| State Number: <b>NV</b> | Location: | Inspector (Print): | Date: |
|-------------------------|-----------|--------------------|-------|

**Notice of Non-Compliant/Notice of Violation**

| Code Reference |       |          |              | Status                   |                          |                             |                    |
|----------------|-------|----------|--------------|--------------------------|--------------------------|-----------------------------|--------------------|
| Edition:       | Year: | Section: | Description: | CB:                      | ADI:                     | Abatement:<br>(Max 30-Days) | Completed<br>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"/> |                             |                    |
|                |       |          |              | <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"/> |                             |                    |
|                |       |          |              | <input type="checkbox"/> | <input type="checkbox"/> |                             |                    |

**Additional Notes**