

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



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Henderson, Nevada 89074  
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OBJECT Description \*:

State Number \*: \_\_\_\_\_

Serial Number \*: \_\_\_\_\_

User Number: \_\_\_\_\_

Capacity \*: \_\_\_\_\_

Manufacturer \*: \_\_\_\_\_

Year Built \*: \_\_\_\_\_

Exemption: Y N

Type of Inspection \*: \_\_\_\_\_

First Cert Inspection \*: Y N

Use \*:

Drive \*: \_\_\_\_\_

Cat 1: \_\_\_\_\_

Cat 3: \_\_\_\_\_

Cat 5: \_\_\_\_\_

Landings \*: \_\_\_\_\_

Speed \*: \_\_\_\_\_

Location of Object \*: \_\_\_\_\_

USER

Name \*: \_\_\_\_\_

Address \*: \_\_\_\_\_

City \*: \_\_\_\_\_

State \*: \_\_\_\_\_ Zip \*: \_\_\_\_\_

OWNER

Name \*: \_\_\_\_\_

Address \*: \_\_\_\_\_

City \*: \_\_\_\_\_

State \*: \_\_\_\_\_ Zip \*: \_\_\_\_\_

Is condition of object such that a permit may be issued? \* Y N

Brake Torque Reading 1 \* \_\_\_\_\_ Brake Torque Range 1 \* \_\_\_\_\_

Brake Torque Reading 2 \_\_\_\_\_ Brake Torque Range 2 \_\_\_\_\_

Comb Impact Upper - Left \* \_\_\_\_\_ Right \* \_\_\_\_\_ and Center \* \_\_\_\_\_ Vertical Upthrust \* \_\_\_\_\_

Comb Impact Lower - Left \* \_\_\_\_\_ Right \* \_\_\_\_\_ and Center \* \_\_\_\_\_ Vertical Upthrust \* \_\_\_\_\_

Skirt/Step Index Conducted: \* Y N Not Performed Brushes: \* Y N

CONDITIONS AND COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIREMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Person to Whom Requirements Were Explained \*: \_\_\_\_\_

Abatement Date: \_\_\_\_\_ Insp Date: \_\_\_\_\_ Permit Exp: \_\_\_\_\_ Next Insp: \_\_\_\_\_

Issue Permit: \_\_\_\_\_ FIELD INSPECTOR: \_\_\_\_\_ QEI: \_\_\_\_\_

LAST INSPECTION:

NEVADA DIR - MECHANICAL COMPLIANCE SECTION

Elevators / Rel Equip Op Permit ( months)

Status: