NEVADA DEPARTMENT OF BUSINESS & INDUSTRY

Division of Industrial Relations

MECHANICAL COMPLIANCE SECTION

INSPECTION REPORT

ESCALATOR / MOVING WALK



Northern Office:

4600 Kietzke Lane, Suite F-151 Reno, Nevada 89502 Office: (775) 688-3750 Fax: (775) 688-1664

Southern Office:

3360 West Sahara Ave Suite 170 Las Vegas, Nevada 89102 Office: (702) 486-9054

Fax: (702) 486-9176

					Location Ir								
Name: Location ID# (if known):):						
Address:					City: State: Zip:				ip:				
				Res	ponsible Pa	rty Informat	tion						
Name:						Company N	Nam	e:					
Address:						City:			State:		Zi	ip:	
Phone #:						Email:							
Responsib	le Party	Type:	Owner:	or Age	ent: 🗆	Use Same Address for: Certificate: ☐ Invoice: ☐							
				(Conveyance	e Information							
State Num	ber: NV	1	Serial #:			Manufacturer:			User #:		Site Location:		
Original Co						Year Originally Installed:							
Alteration				Year of Last Alter								_	
Conveyand	ce Type:	Escalato	or: 🗌 Mov	ing Wal	k: 🗌 Trave	el Direction:	U	p: 🗌 Do	own: 🛚	Sp	eed (fp	m):	
					Inspection I	nformation							
Inspection	Date:			CAT 1	Date:	Semi-Annual Date:							
Inspection	Type:	Perio	odic: Witnessing: Follow-			-up: 🗆	Alt	<u>eration</u> :	☐ <u>Fir</u>	st Certificate: 🗆 QC: 🗆			
Brake Toro	que Rea	ding 1:	_			Brake Toro	jue F	Range 1:					
Brake Toro	que Rea	ding 2:				Brake Torque Range 2:							
Comb Impact Upper: Left:			Center:				Rig	ght:		Vertical Up:		p:	
Comb Imp	act Low	er: Left:	Center:			Right:			Vertical Up:				
Step/Skirt	Index C	onducted:	Yes: ☐ No	o: 🗆		Brushes: Yes: ☐ No: ☐							
					Test Info	rmation							
Test Witne	essed:		Category	1: 🗆 Se	emi-Annual:								
Test Tags i	in Place:		Yes: ☐ No: ☐			Exemption:				Yes: ☐ No: ☐			
Non-Compliant/Violation:			Yes: ☐ No: ☐			Issue Permit:				Yes: ☐ No: ☐			
	,				Non-Complia			olation					
			Code Refe			,				S	tatus		
Edition: Year: Section:		Description:					CB:	ADI:	Abatement (Max 30-Days)			Completed Date:	
												-	
			Addition		C/NOV listed	l on Dago 3:							
			Addition										
Inspection Agency: Inspector (Print/QEI#/Sign or E-Sign)							•	Date:		Digita	al Signa	turo	
mspection	Agency	•	Inspector (Print/QEI#/Sign or			L-Sigilj.		Date.		Digita	ai Signa	ture:	•

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

			Notice of Non-Compliant/Not	ice of Violation						
			Code Reference		Status					
Edition:	Year:	Section:	Description:	CB:	ADI:	Abatement: (Max 30-Days)	Completed Date:			
			Additional Note	es .						
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