



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: NV		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: (Max 30-Days)	Completed 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:	



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:	CB:	ADI:	Abatement: (Max 30-Days)	Completed Date:
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
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Additional Notes