



Mechanical Compliance Section

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Report of Fire Service Testing ASME A17.1- Sections 8.6.4.19.6 or 8.6.5.14.3

Until further notice, this report serves as confirmation that the Category 1 Periodic Testing of Firefighter's Emergency Operations, as prescribed in A17.1-2013, Section 8.6.4.19.6 or 8.6.5.14.3 (e), has been performed by **both** the Fire Service company representative and the Elevator Service company representative.

For each elevator tested, list the State Registration number (NV#):

NV	NV	NV	NV
NV	NV	NV	NV
NV	NV	NV	NV
NV	NV	NV	NV

Location Name: _____

Address: _____

City, State, Zip: _____

By signing below, you are verifying that testing was performed at the same time by both companies. All the Elevator Fire Alarm Initiating Devices have been tested and are in compliance:

Print Name and Signature of Nevada State Fire Marshal Licensed Fire Alarm Contractor Representative: F-License #: _____	Company Name	Date

All the elevators referenced above are in compliance and respond appropriately to the Fire Alarm Initiating Devices:

Name and Signature of Elevator Mechanic Mechanic License #: _____	Company Name Holding a Valid C7 License	Date

Notes/Results/Corrections/Repairs:
