



# 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

This report serves as confirmation that the Category 1 Periodic Testing of Firefighter's Emergency Operations, as prescribed in A17.1-2019, 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: <b>F-License #:</b> _____	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 <b>Mechanic License #:</b> _____	Company Name Holding a Valid C7 License	Date

Notes/Results/Corrections/Repairs:

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