Elevator Inspection Report

DATE INSPECTED: MO/DAY/YR
CERTIFICATE EXPIRATION DATE: MO/YEAR
OKLAHOMA NUMBER
SERIAL NUMBER
PERMIT NUMBER
TEMP CERTIFICATE OF OPERATION
☐ 30 ☐ 60
☐ 1 ☐ 2 ☐ 3

LOCATION (BUILDING)
LOCATION ATTENTION
LOCATION COUNTY

LOCATION PHYSICAL ADDRESS
LOCATION CITY
LOCATION ZIP
EMAIL ADDRESS

OWNER
OWNER ATTENTION

OWNER ADDRESS
OWNER CITY
OWNER STATE
OWNER ZIP

BILLING CONTRACTOR NAME
BILLING CONTRACTOR CITY
BILLING CONTRACTOR ATTENTION

NATURE OF BUSINESS
ENTITY TYPE
☐ PRIVATE ☐ CITY
☐ COUNTY ☐ STATE

MANUFACTURER
CAPACITY (LBS)
SPEED (FPM)
RISE (FT IN)
OPENINGS
# OF LANDINGS

DEVICE TYPE
☐ CONST/TEMP
☐ ESCALATOR/MW
☐ PERSONNEL HOIST
☐ PLATFORM LIFT
☐ STAIRWAY CHAIR LIFT
☐ PASSENGER ☐ FREIGHT

MACHINE TYPE
☐ CABLE
☐ HAND POWERED
☐ ROPED HYDRAULIC
☐ DIRECT PLUNGEBR HYDRAULIC
☐ OTHER_________________________

LATEST TEST DATES
ONE YEAR TEST (MO/YR) __________  FIVE YEAR TEST (MO/YR) __________

INSPECTION TYPE
☐ INITIAL ☐ PERIODIC
☐ REINSPECTION ☐ FOLLOW-UP
☐ WITNESS ☐ ALTERATION
CERTIFICATE
ISSUE: ☐ YES ☐ NO
TEMP: ☐ YES ☐ NO
TO: ☐ OWNER ☐ LOCATION

CERTIFICATE ISSUE:
☐ YES ☐ NO

CODE YEAR _____________

INSTALLATION YEAR _____________

Inspection reports shall be submitted within thirty (30) days of the completion of the inspection:
OKLAHOMA DEPARTMENT OF LABOR
Safety Standards Division
3017 N Stiles, Suite 100
Oklahoma City, OK 73105

Upon successful inspection, you will be invoiced $25 for Certificate of Operation from the Oklahoma Department of Labor.

☐ NO ADVERSE CONDITIONS NOTED AT THIS INSPECTION

For Office Use Only __

☐ RED TAG ☐ INACTIVE ☐ SCRAPPED # Violations ______ # Recommendations ______

COMMENTS/VIOLATIONS/RECOMMENDATIONS
V = Violations; must be corrected within 30 days.    R = Recommendation C = Comments

By signing this inspection report, neither the undersigned nor the Oklahoma Department of Labor makes any warranty, expressed or implied, concerning this inspection report of the safety of the equipment inspected. Furthermore, neither the undersigned nor the Oklahoma Department of Labor shall be liable in any manner for any personal injury, property damage or loss of any kind arising from or connected with this inspection.

Company Name

Inspector Name (Print)

Date

Contact Person/Phone Number

Inspector Signature