Elevator Inspection Report

DATE INSP MO/DAY/YR	CERT EXP. DATE MO/YEAR	OKLA NUMBER	SERIAL NUMBER	PERMIT #	TEMP CERT OF OPERATION ☐30 ☐60	INSP CYCLE ☐Res. ☐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	HOISTWAY LOCATION	DEVICE LOCATION IN HOISTWAY

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

DEVICE TYPE
☐CONST/TEMP
☐ESCALATOR/MW ☐PERSONNEL HOIST

WHEELCHAIR LIFT
☐PLATFORM LIFT ☐STAIRWAY CHAIR LIFT

ELEVATOR ☐LU/LA
☐PASSENGER ☐FREIGHT

INSTALLED YEAR _____
CODE YEAR _____

MACHINE TYPE
☐CABLE ☐HAND POWERED ☐ ROPED HYDRAULIC
☐DIRECT PLUNGER HYDRAULIC ☐OTHER_____

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

INSPECTION TYPE	CERTIFICATE	
☐INITIAL ☐PERIODIC ☐REINSP ☐FOLLOW-UP ☐WITNESS ☐ALTERATION	ISSUE: ☐YES ☐NO TEMP: ☐YES ☐NO TO: ☐OWNER ☐LOCATION	Inspection reports shall be submitted within thirty (30) days of the completion of the Inspection to: **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

CD_____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

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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	