

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT



REQUEST FOR INSPECTION

Date: _____

CONVEYANCE INFORMATION

Location Address of Conveyance(s): _____

Building Name: _____

Conveyance (State) No(s): _____

CONTACT INFORMATION

Contact Name: _____ Contact Phone: _____

Contact E-mail: _____ Contact Fax: _____

RESPONSIBLE PARTY INFORMATION

Name: _____ Attention To: _____

Address: _____

City, State, Zip: _____

Additional Instructions:

Supervisors Notes:

Submit requests to your local Elevator Unit District Office by E-mail or FAX number below:

Monrovia
monroviaelevators@dir.ca.gov
(626) 471-6921

Oakland or San Francisco
bayareaelevators@dir.ca.gov
(510) 622-3045

Sacramento
sacramentoelevators@dir.ca.gov
(916) 263-2837

San Bernardino
sbelevators@dir.ca.gov
(909) 889-8074

San Diego
sandiegoelevators@dir.ca.gov
(619) 767-2058

San Jose
sanjoseelevators@dir.ca.gov
(408) 362-2131

Santa Ana
santaanaelevators@dir.ca.gov
(714) 567-7212