

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR, RIDE, AND TRAMWAY UNIT



REQUEST FOR INSPECTION NEW INSTALL OR MODERNIZATION

TODAY'S DATE: _____

DATE OF LETTER OF INTENT: _____ EXECUTED CONTRACT DATE: _____

LOCATION

Name of Building: _____

Street Address: _____

City: _____

Cross Street(s) _____

REQUESTOR

Company: _____

Office: _____

Requestor's Name: _____

Telephone Number: _____

Mechanic performing inspection: _____

Mechanic's Telephone Number: _____

REQUESTED DATE FOR INSPECTION: _____

EQUIPMENT INFORMATION _____ # UNITS _____ DUPLEX

Type of Equipment: _____ Installation Group Number: _____

Variance # (If applicable): _____ State Number (If Issued): _____

TYPE OF INSPECTION REQUESTED

_____ NEW _____ MODERNIZATION _____ Re-INSPECT

IS THE GENERAL CONTRACTOR 100% READY FOR INSPECTION? _____ YES _____ NO

IS THE ELEVATOR COMPANY 100% READY FOR INSPECTION? _____ YES _____ NO

HAS ALL FLS TESTING BEEN PERFORMED BY CQCC & FIRE ALARM COMPANY? _____ YES _____ NO

This section is for DIR use:

ASSIGNED TO: _____

DATE OF INSPECTION: _____ TIME: _____

_____ MON _____ TUE _____ WED _____ THU _____ FRI