

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