

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**  
bayareaelevator@dir.ca.gov  
(510) 622-3045

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

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

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

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

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