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|--|--------------|--------------------|--|--|-----------------|
| Insp Date | CEI # | Type of Inspection |  Elevator Inspection Report | | |
| | | | Serial Number | | |
| This device: Complies with Does not Comply with Is Exempt From Section 399.15, Florida Statutes: Regional emergency elevator access/fire key requirements. | | | | | |
| Routine Alteration Acceptance Callback Construction Initial Acceptance Temporary Operating Inspection Test Only | | | Registered Elevator Company Lic #: _____ | | |
| | | | Building Name: | Pass | |
| | | | Building Address: | | |
| | | | City: | Zip: | Fail |
| Violations: For Violation Codes Please Go To: www.myfloridalicense.com/dbpr/hr/elevators.html | | | Supervisor of Construction Affidavit I certify that as the elevator company supervisor, I directly supervised the construction or installation of this elevator. | | |
| Violation 1 | Violation 2 | Violation 3 | Violation 4 | | |
| | | | | | |
| Violation 5 | Violation 6 | Violation 7 | Violation 8 | | |
| | | | | Signature: | CEI #: _____ |
| Violation 9 | Violation 10 | Violation 11 | Violation 12 | Print Name: | CC/CET #: _____ |
| | | | | Phone #: _____ | |
| Comments and Brief Description with Code Citation | | | | Certified Elevator Inspector <i>I certify that I have personally performed or witnessed</i> Routine Inspection Periodic tests as prescribed by ASME A17.1 Acceptance inspection of new or altered installation as recommended by ASME A17.2 Inspectors Manual Violations cited on the previous inspection report have been corrected Installation meets or exceeds minimum standards of Chapter 399, Florida Statutes, and Chapter 30 of the Florida Administrative Code. | |
| | | | | | |
| Person Receiving this Report | | | | Sign: _____ | CEI #: _____ |
| If violations are cited, this report constitutes an Order to Correct as outlined in s. 399.06(14), Florida Statutes. Violations must be corrected within 90 days in accordance with s. 399.105(4), Florida Statutes. | | | | Print: _____ | Phone #: _____ |
| NOTICE TO CERTIFIED ELEVATOR INSPECTOR Completed inspection report must be submitted to the Bureau of Elevator Safety within five (5) working days of inspection. | | | | | |
| Sign: _____ | | Title: _____ | | | |
| Print: _____ | | Phone #: _____ | | | |