

# Elevator Inspection Report

|   |  |  |   |   |   |  |
|---|--|--|---|---|---|--|
| DATE INSP<br>MO/DAY/YR  | CERT EXP. DATE<br>MO/YEAR  | OKLA<br>NUMBER   | SERIAL NUMBER   | PERMIT #                                | TEMP CERT OF OPERATION<br><br><input type="checkbox"/> 30 <input type="checkbox"/> 60 | INSP CYCLE <input type="checkbox"/> Res.<br><br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| LOCATION (BUILDING)   |  | LOCATION ATTENTION   |   |   | LOCATION COUNTY   |  |
| LOCATION PHYSICAL ADDRESS   |  | LOCATION CITY  | LOCATION ZIP  | EMAIL ADDRESS                           |   |  |
| OWNER   |  | OWNER ATTENTION  |   |   |   |  |
| OWNER ADDRESS   |  | OWNER CITY   | OWNER STATE   | OWNER ZIP                               |   |  |
| BILLING CONTRACTOR NAME   |  | BILLING CONTRACTOR CITY  | BILLING CONTRACTOR ATTENTION  |   |   |  |
| NATURE OF BUSINESS  | ENTITY TYPE<br><input type="checkbox"/> PRIVATE <input type="checkbox"/> CITY<br><input type="checkbox"/> COUNTY <input type="checkbox"/> STATE  | HOISTWAY LOCATION  |   | DEVICE LOCATION IN HOISTWAY             |   |  |
| MANUFACTURER  | CAPACITY (LBS)   | SPEED (FPM)  | RISE (FT IN)  | OPENINGS                                | # OF LANDINGS   |  |
| DEVICE TYPE<br><input type="checkbox"/> CONST/TEMP <input checked="" type="checkbox"/> WHEELCHAIR LIFT <input type="checkbox"/> ELEVATOR <input type="checkbox"/> LU/LA<br><input type="checkbox"/> ESCALATOR/MW <input type="checkbox"/> PERSONNEL HOIST <input type="checkbox"/> PLATFORM LIFT <input type="checkbox"/> STAIRWAY CHAIR LIFT <input type="checkbox"/> PASSENGER <input type="checkbox"/> FREIGHT |  |  |   | INSTALLED YEAR _____<br>CODE YEAR _____ |   |  |
| MACHINE TYPE<br><input type="checkbox"/> CABLE <input type="checkbox"/> HAND POWERED <input type="checkbox"/> ROPED HYDRAULIC<br><input type="checkbox"/> DIRECT PLUNGER HYDRAULIC <input type="checkbox"/> OTHER _____   |  |  | LATEST TEST DATES<br>ONE YEAR TEST (MO/YR) _____ FIVE YEAR TEST (MO/YR) _____ |   |   |  |
| INSPECTION TYPE<br><input type="checkbox"/> INITIAL <input type="checkbox"/> PERIODIC<br><input type="checkbox"/> REINSP <input type="checkbox"/> FOLLOW-UP<br><input type="checkbox"/> WITNESS <input type="checkbox"/> ALTERATION   | CERTIFICATE<br>ISSUE: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>TEMP: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>TO: <input type="checkbox"/> OWNER <input type="checkbox"/> LOCATION | Inspection reports shall be submitted within thirty (30) days of the completion of the inspection to:<br><b>OKLAHOMA DEPARTMENT OF LABOR</b><br>Safety Standards Division<br>3017 N Stiles, Suite 100<br>Oklahoma City, OK 73105<br>Upon successful inspection, you will be invoiced \$25 for Certificate of Operation from the Oklahoma Department of Labor |   |   |   |  |

NO ADVERSE CONDITIONS NOTED AT THIS INSPECTION

|    |                     |
|----|---------------------|
| CD | For Office Use Only |
|----|---------------------|

RED TAG  
  INACTIVE  
  SCRAPPED  
 # Violations   
 # Recommendations

**COMMENTS/VIOLATIONS/RECOMMENDATIONS**  
 V = Violations; must be corrected within 30 days.  
 R = Recommendation  
 C = Comments

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By signing this inspection report, neither the undersigned nor the Oklahoma Department of Labor makes any warranty, expressed or implied, concerning this inspection report of the safety of the equipment inspected. Furthermore, neither the undersigned nor the Oklahoma Department of Labor shall be liable in any manner for any personal injury, property damage or loss of any kind arising from or connected with this inspection.

|                                   |                              |            |
|-----------------------------------|------------------------------|------------|
| Company Name _____                | Inspector Name (Print) _____ | Date _____ |
| Contact Person/Phone Number _____ | Inspector Signature _____    |            |