



Elevator Inspection Report – Private Third-Party Inspector

Inspection Date:		Start Time:		Facility ID:		OPS Conveyance #: CP-			
Facility	Building Name:			City:		County:			
	Address:			Zip Code:		Phone:			
Responsible Party	Company:			City:		State:			
	Address:			Zip Code:		<input type="checkbox"/> Owner <input type="checkbox"/> Facility Mgmt			
	Contact Name:		Phone:		Email:				
Conveyance	Job/Contract #:		Original Code Data Plate Year:		Year Installed:		Year Altered:		
	Conveyance Local ID:		Altered Code Data Plate Year:		Manufacturer:				
	Conveyance Use: <input type="checkbox"/> Passenger <input type="checkbox"/> Service <input type="checkbox"/> Freight Freight Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3								
	Conveyance Type: <input type="checkbox"/> Traction <input type="checkbox"/> Roped-Hydraulic <input type="checkbox"/> Vertical PL <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> Home Elevator in Commercial Bldg <input type="checkbox"/> Hydraulic <input type="checkbox"/> LULA <input type="checkbox"/> Inclined PL <input type="checkbox"/> Material Lift <input type="checkbox"/> Other: _____								
	Front Landings:		Rear Landings (if applicable):			Maintenance Contractor:			
	Rated Speed (fpm):		Capacity (lbs):		Total Rise (ft):		Single-bottom cylinder mitigation methods installed (plunger gripper or safeties)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Type: <input type="checkbox"/> Periodic <input type="checkbox"/> Acceptance (notify OPS) { Permit #: _____ <input type="checkbox"/> Test witnessed { <input type="checkbox"/> Category 1 test Type: <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Category 5 test									
Date of Annual Safety Test:		Date of previous 5-year Safety Test:			Test Tags in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is a Firefighter Service upgrade required per Conveyance Regulations – Section 2-7-2)? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Inspection	Code Reference		Violation Description			Repeat ²	TCO ²	Date Corrected	
	Edition	Year	Reference	(Check <input type="checkbox"/> if additional page used)			Violation	Violation	(Inspector only)
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Inspection Result: <input type="checkbox"/> Annual CO ¹ <input type="checkbox"/> Temporary CO ^{2,3} <input type="checkbox"/> Construction CO ³ <input type="checkbox"/> Removed from service ³ <input type="checkbox"/> Dormant ³									
¹ All violations must be corrected prior to the next inspection.									
² TCO and repeat violations must be corrected within 90 days of the date of this inspection.									
³ Inspector must contact OPS prior to selecting this inspection result.									
Signature	By signing below I certify that all statements are true to the best of my knowledge and that all testing was performed according to current adopted codes.								
	Inspector name:			Inspection Company:					
	Inspector signature:		Date:		State license #:				

To receive a Certificate of Operation, the Conveyance Responsible Party (owner/operator) must submit this Inspection Report with payment of a processing fee of \$30 to the Conveyance Section at 633 17th Street, Suite 500, Denver, CO 80202-3610.

