

1

INSPECTION DATE		
Month	Day	Year
0	0	08
1	1	09
2	2	10
3	3	11
4	4	12
5	5	13
6	6	14
7	7	
8	8	
9	9	

3

CERTIFIED ELEVATOR INSPECTOR (CEI) #			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

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TYPE OF INSPECTION

☐ Routine/Inspection

☐ Alteration Acceptance

☐ Callback/Re-Inspection

☐ Alteration/Construction

☐ Final Acceptance

☐ Temporary Oper. Insp.

☐ Accident

☐ Test

OES USE ONLY

☐ Complaint

☐ Enforcement

☐ Industry Oversight/Audit

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TIME IN

TIME OUT



Office of Elevator Safety
GSA Facilities & Utilities Management Division
201 West Flagler Street
Miami Florida 33130-1510
T 305-375-1577 F 305-372-6367

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SERIAL NUMBER				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

ELEVATOR INSPECTION REPORT

Building Name _____ Phone _____

Building Address _____

City _____

Permit # _____

DEFINITIONS
CEI - FL Certified Elevator Inspector
CET - FL Certified Elevator Technician
REC - FL Registered Elevator Company

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SUPERVISOR OF CONSTRUCTION

I certify that as the elevator company supervisor, I directly supervised the construction or installation of this elevator.
Or see attached elevator installation affidavit.

Signature _____ CEI # _____ CET # _____

Print Name _____ Phone Number _____

VIOLATIONS

FOR VIOLATION CODES, GO TO THE INTERNET AT: www.miamidade.gov/gsa/ElevatorMain.asp

VIOLATION 1	VIOLATION 2	VIOLATION 3	VIOLATION 4	VIOLATION 5	VIOLATION 6	VIOLATION 7	VIOLATION 8	VIOLATION 9
E H S M O	E H S M O	E H S M O	E H S M O	E H S M O	E H S M O	E H S M O	E H S M O	E H S M O
0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9
A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J

COMMENTS (FOR ADDITIONAL COMMENTS USE SUPPLEMENTAL REPORT)

11

18

12

☐ Annual ☐ Five Year ☐ Other _____

Periodic Tests ☐ Pass ☐ Fail

If this report is an annual for a traction unit, a test supplement is not required

PERSON RECEIVING THIS REPORT

If violations are cited, this report constitutes an Order to Correct as outlined in s. 399.061(4), Florida Statutes. Violations must be corrected within 90 days in accordance with s. 399.105(4), Florida Statutes.

Signature _____ Title _____

Print Name _____ Phone Number _____

PLEASE DO NOT WRITE BELOW THIS LINE

CERTIFIED ELEVATOR INSPECTOR

PASS ☐ FAIL ☐

I certify that I have personally performed or witnessed, and have determined:

☐ Routine inspection

☐ Periodic tests as prescribed by ASME A17.1

☐ Acceptance inspection of new or altered installation as recommended by the ASME A17.2 Inspectors Manual

☐ Violations cited on the previous inspection report have been corrected.

☐ Elevator system/Plant meets or exceeds minimum standards of Chapter 399, Florida Statutes, and Chapter 30 of the Florida Building Code adopted by Rule 9B-3.047, Florida Administrative Code.

Signature _____ CEI # _____ REC# _____

Print Name _____ Phone Number _____

This device ☐ Complies With ☐ Does Not Comply With ☐ Is Exempt From

Section 399.15, Florida Statutes: Regional emergency elevator access/fire key requirements.

AND ☐ Complies With ☐ Does Not Comply With ☐ Is Exempt From

Section 553.509, Florida Statutes: Alternate power requirements

NOTICE TO CERTIFIED ELEVATOR INSPECTOR

Completed inspection report must be returned to the Office of Elevator Safety at the above address within five (5) working days of inspection.

ELEVATOR INSPECTION REPORT ITEMS 1 through 18

- (1) Please write the number on the top line under each category and completely blacken in the corresponding number underneath. Please be sure to blacken at least one mark in each column.
- (2) Inspection date is the date that you are actually performing the inspection or callback inspection.
- (3) Inspector number is the CEI number assigned to you by the division. You should also enter your CEI number in section 13.
- (4) Time In / Time Out. This is new this year. Insert the time you started the inspection and the time you completed the inspection.
- (5) Only CEI/QEI'S that have been authorized by Miami Dade County OES may perform Inspections in our jurisdiction. Indicate which type of inspection you have preformed. The first change to TYPE OF INSPECTION is Alteration/construction. This bubble is used when you perform an Alteration Inspection that doesn't pass or you perform a Construction inspection. The other change to TYPE OF INSPECTION is the addition of the TEST bubble. This bubble is to be filled in when you perform either an annual or a 5 year test. Note that we encourage owners to have their equipment inspected by a properly qualified and licensed elevator inspector, if the equipment is involved in an accident. DO NOT COMPLETE any of the inspections listed under "OES Use Only".
- (6) Building Name and Building Address are where the elevator is actually located.
- (7) Please indicate the Permit number for any inspection related to permitted work.
- (8) Indicate if more than one page is used for the report for each subject serial number, such as two inspection reports with more than 9 violations per elevator, or supplemental report is used.
- (9) The Serial Number is the number assigned to each specific elevator. Write in the number and then bubble in the same number.
- (10) Violations are denoted by the assigned number/code on the violation table. Complete the violation section by writing in the number for the corresponding code violation under each particular section.
- (11) Please include any clarifying comments regarding the condition of the elevator.

ELEVATOR INSPECTION REPORT ITEMS 1 through 18

- (12) If periodic tests are performed indicate which type, and the results of the tests will be reported on another form, as a companion form to this report. NOTE: If for a traction unit, annual test results are not required. The second box is new to this report. This box will indicate either the tests pass or fail. The results of the periodic tests performed were values you have recorded on either of the supplements titled, ESCALATOR/MOVING WALK INSPECTION REPORT PERIODIC TEST RESULTS; or ELEVATOR INSPECTION REPORT PERIODIC TEST RESULTS; choose the supplement that applies to the type of equipment you are inspecting and submit it along with page 1. If any item on the supplement page is marked as failed you are to mark fail on line 12 of page 1. The next box on line 12 is a reminder that the additional supplement is ONLY used for a traction elevator when a 5 year test is performed on a traction elevator. (There are no values recorded for an annual traction test.)
- (13) Inspector certification is **required** for each inspection. No certificate of operation shall be issued until an inspection report citing zero violations is received, or that violations cited on the prior report have been corrected: Indicate the results by bubbling either pass or fail.
- In the case of a routine inspection bubble either pass or fail indicating you performed the inspection. If failed, there must be violations entered in section #10.
 - If periodic tests were witnessed by you, bubble either pass or fail.
 - If an acceptance inspection is performed bubble pass or fail on the inspection report and on item 4 on the supplement page, also bubble the appropriate items that apply on the supplement page.
 - If you are performing a re-inspection (call back inspection), bubble pass or failed for violations cited on the previous inspection report. For the violation(s) that were corrected, you must provide commentary along with the violation code. For a test that failed on the previous inspection report, provide a supplement page with the new values and indicate either pass or fail, and indicate either pass or fail on item 4 on the supplement page.
 - Next you must indicate pass or fail whether the system/plant meets or exceeds minimum standards of Chapter 399, Florida statutes, and Chapter 30 of the Florida Building Code adopted by Rule 9B-3.047, Florida Administrative Code.
- (14) Indicate whether the device complies with the Universal Fire Key as required in Section 399.15 of the Florida Statutes, it does not, or is exempt.
- (15) Indicate whether the device complies with the Emergency Power requirements as required in Section 553.509 of the Florida Statutes, it does not, or is exempt.

ELEVATOR INSPECTION REPORT ITEMS 1 through 18

- (16) Have the owner or their authorized agent sign the report. Please note that this document is also their legal notice of violation if you have indicated there are violations on the report. They have ninety (90) days to make corrections, and have the equipment re-inspected, before a Certificate of Operation can be issued. If the owner/agent fails to take corrective action within the specified period they may be subject to fines and penalties. Reports which do not bear the signature of the owner or their authorized agent will be rejected.
- (17) You have five (5) working days to submit this report to our office, or you may be subject to a fine, of up to \$1,000 per elevator, as provided for by Statute.
- (18) You must indicate a pass or fail for each of the inspections and/or tests witnessed as a part of this report. This is a redundant cross check to ensure an error may not have previously been made.