

1

INSPECTION DATE		
Month	Day	Year
0	0	09
1	1	10
2	2	11
3	3	12
4	4	13
5	5	14
6	6	15
7	7	
8	8	
9	9	

2

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

6

Page ____ of ____

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

MIAMI-DADE COUNTY

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

www.miamidade.gov

3

ANNUAL

ACCEPTANCE

OTHER

PASS

FAIL

4

Signature

CEI #

REG #

5

Print Name

Phone Number

7

8

Brake Torque 1

Pass

Fail

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

9

Brake Torque 2

Pass

Fail

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

10

Skirt Index

Pass

Fail

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

11

Comb Impact Vert Upper

Pass

Fail

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

11

Comb Impact Vert. Lower

Pass

Fail

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

11

Comb Impact Horiz Upper Left

Pass

Fail

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

11

Comb Impact Horiz Upper Rt

Pass

Fail

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

11

Comb Impact Horiz Lower Left

Pass

Fail

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

11

Comb Impact Horiz Lower Rt

Pass

Fail

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

COMMENTS _____

INSTRUCTIONS FOR MIAMI-DADE COUNTY SUPPLEMENT
ESCALATOR/ MOVING WALK INSPECTION REPORT - PERIODIC TEST RESULTS

Please enter the information in the blocks provided and then fully darken in the blocks (bubbles) with the corresponding number.

- (1) Enter the same inspection date as the first page (inspection report) and then completely darken the block (or bubble) with the same corresponding number.
- (2) Enter your elevator inspector (CEI)# and then completely darken the block (or bubble) with the same corresponding number.
- (3) Select the type of TEST being witnessed, the test is performed the elevator contractor, by completely darkening the block or bubble.
- (4) Indicate either an overall pass or fail by darkening the block (or bubble) based on the results obtained from witnessing the tests and recording the results as the tests are completed. NOTE: If any one of the required test(s) fails, the unit fails the test overall in this area. Only the specific device which failed will need to be re-tested.
- (5) Signature of the inspector witness, CEI#, or REC#, printed name and phone number is required.
- (6) Page number of total number of pages, this should match the accompanying inspection report.
- (7) State serial# of the unit being inspected and then completely darken the block (or bubble) with the same corresponding number.
- (8) Brake torque 1 if the unit only has one brake enter the value here, darken the bubble as to pass or fail, record the value and then completely darken the block (or bubble) with the same corresponding number. Leave the second brake field blank, and write in the comments.
- (9) If the unit has 2 brakes, enter the values for the second brake here in the same manner as in item 8 above.
- (10) Skirt Index results are to be recorded here starting from right to left, and darken the bubble as to pass or fail, record the value and then completely darken the block (or bubble) with the same corresponding number. If this test is for a moving walk, Skirt Index test is not required and no entries are to be made. If the unit was permitted after December, 2006 and the loaded gap exceeds 3/16"-(4.8mm) that measurement is to be recorded as a violation and the value noted in the comments section of the inspection report
- (11) Comb Impact values are recorded in boxes 11-12-13-14-15-16, each box is labeled as to the location of where the test is performed on the unit and whether it is a horizontal or vertical measurement. The values for each location are to be recorded and the proper columns bubbled starting from right to left, and darken the bubble as to pass or fail, record the value and then completely darken the block (or bubble) with the same corresponding number for each. If comb impact does not apply to the unit being inspected leave the fields blank and say so in the comments.

ANY FAILURE OF ANY TEST WILL REQUIRE ITEM #4 TO BE MARKED FAIL AND THE UNIT MUST BE RE-TESTED. ONLY THE ITEMS THAT FAIL REQUIRE A WITNESSED RE-TEST.