

Memorandum



Date: January 20, 2011

To: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

Agenda Item No. 8(F)(1)(C)

From: George M. Burgess
County Manager

A handwritten signature in black ink, appearing to read "Burgess", written over the printed name of George M. Burgess.

Subject: Resolution requesting authorization to execute Interagency Agreement with the State of Florida, Department of Business and Professional Regulation for the delegation to Miami-Dade County of statutory authority to regulate and enforce elevator safety

Recommendation

It is recommended that the Board approve the accompanying resolution authorizing the Mayor or his designee to execute the attached Interagency Agreement with the State of Florida, Department of Business and Professional Regulation (DBPR), which serves to delegate to Miami-Dade County the statutory authority to regulate and enforce safety for elevators, escalators, moving walks and other related equipment, pursuant to Section 399.13, of the Florida Statutes.

Scope:

The impact of this contract is Countywide.

Fiscal Impact:

There is no fiscal impact to the County, as the costs to provide this function on behalf of the State of Florida are fully offset by the revenue generated through fees, fines and other charges to the regulated public.

Background:

At its meeting of October 7, 2003, by Resolution R-1138-03, the Board approved a contract with the State of Florida, through its Department of Business and Professional Regulation (DBPR), for the authority of jurisdiction for elevators, escalators, moving walks and other related equipment. DBPR is the only authority of jurisdiction for elevators, escalators and related equipment throughout the State of Florida. Section 399.13, Florida Statutes authorizes DBPR to contract with local counties and municipalities to carry out these functions. Miami-Dade County has maintained such a contract with the State for several decades.

While the above mentioned contract is still in effect, DBPR is seeking to standardize all such agreements with its contracted jurisdictions, at the recommendation of the Office of Program Policy Analysis and Government Accountability (OPPAGA), and to ensure that all of its contracted jurisdictions are operating in the same manner. The attached Interagency Agreement serves to continue to grant Miami-Dade County the authority for the issuance of annual certificates of operation for existing equipment; permits for new construction, repairs and modernization; the issuance of Certificates of Operation of the regulated equipment; and to exercise jurisdictional authority and enforcement of code as permitted under Chapter 399 of the Florida Statutes. This authority applies throughout Miami-Dade County, except for within the political subdivisions of the City of Miami and City of Miami Beach, both of which have also contracted with the State for jurisdictional authority. Miami-Dade County retains the authority to regulate any such equipment installed on County property, irrespective of location.

Track Record/Monitor:

TRACK RECORD: Miami-Dade County has no record of negative performance issues with The State of Florida, Department of Business and Professional Regulation.

MONITOR: Michael Chavez, Elevator Unit Section Manager

DELEGATED AUTHORITY: Authorizes the County Mayor or designee to execute the contract with the State of Florida; authorizes the County Mayor or designee to renew the contract for one additional ten-year term.



Wendi J. Norris, Director
General Services Administration



MEMORANDUM

(Revised)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: January 20, 2011

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Agenda Item No. 8(F)(1)(C)

Please note any items checked.

- "3-Day Rule" for committees applicable if raised
- 6 weeks required between first reading and public hearing
- 4 weeks notification to municipal officials required prior to public hearing
- Decreases revenues or increases expenditures without balancing budget
- Budget required
- Statement of fiscal impact required
- Ordinance creating a new board requires detailed County Manager's report for public hearing
- No committee review
- Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous ____) to approve
- Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved _____ Mayor

Agenda Item No. 8(F)(1)(C)

Veto _____

1-20-11

Override _____

RESOLUTION NO. _____

RESOLUTION AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO EXECUTE AN INTERAGENCY AGREEMENT WITH THE STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION FOR THE DELEGATION TO MIAMI-DADE COUNTY OF STATUTORY AUTHORITY TO REGULATE AND ENFORCE SAFETY FOR ELEVATORS, ESCALATORS, MOVING WALKS AND OTHER RELATED EQUIPMENT, AS AUTHORIZED BY SECTION 399.13, FLORIDA STATUTES; AND AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO EXERCISE RENEWAL RIGHTS CONFERRED THEREIN

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board hereby authorizes the County Mayor or County Mayor's designee to execute the attached Interagency Agreement with the State of Florida, Department of Business and Professional Regulation for the delegation to Miami-Dade County of statutory authority to regulate and enforce safety for elevators, escalators, moving walks and other related equipment, as authorized by Section 399.13, Florida Statutes, in substantially the form attached hereto and made a part hereof; and authorizes the County Mayor or County Mayor's designee to exercise renewal rights conferred therein.

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The foregoing resolution was offered by Commissioner ,
who moved its adoption. The motion was seconded by Commissioner
and upon being put to a vote, the vote was as follows:

Joe A. Martinez, Chairman	
Audrey M. Edmonson, Vice Chairwoman	
Bruno A. Barreiro	Lynda Bell
Jose "Pepe" Diaz	Carlos A. Gimenez
Sally A. Heyman	Barbara J. Jordan
Jean Monestime	Dennis C. Moss
Natacha Seijas	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 20th day of January, 2011. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.



Jess M. McCarty

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DBPR INTERAGENCY AGREEMENT
BETWEEN THE DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION, DIVISION OF HOTELS AND RESTAURANTS AND MIAMI-DADE COUNTY
FOR DELEGATION OF STATUTORY AUTHORITY TO REGULATE
AND ENFORCE ELEVATOR SAFETY

This agreement is made and entered into this ____ day of _____, 201_, by and between the Department of Business and Professional Regulation, Division of Hotels and Restaurants, hereinafter referred to as the DEPARTMENT, and Miami-Dade County, by and through General Services Administration, Office of Elevator Safety, hereinafter referred to as the CONTRACTOR. Pursuant to this agreement the CONTRACTOR shall issue elevator construction permits, repair and alteration permits, temporary elevator operation permits and certificates of operation; shall provide and conduct elevator inspections; and, shall enforce the applicable provisions of the Florida Building Code, as required by Chapter 399, Florida Statutes, ("Elevator Safety Act"); and Rule Chapter 61C-5, Florida Administrative Code, ("Florida Elevator Safety Code") on elevator equipment located in and throughout Miami-Dade County not already subject to a contracted delegation of authority pursuant to the requirements of Chapter 399, and Rule Chapter 61C-5, Florida Administrative Code. In recognition of jurisdictional agreements between the Department and the City of Miami and City of Miami Beach, or any such future agreements with any other municipality within Miami-Dade County, Miami-Dade County will retain contracted jurisdictional authority of equipment located in properties owned and/or operated by Miami-Dade County, irrespective of location within the aforementioned cities. Miami-Dade County upon written request of the DEPARTMENT may assume responsibility for a contracted municipality Delegation of Authority in accordance with Chapter 399, Florida Statute when said municipality located within the County does not renew or terminates its agreement to provide services to Regulate and Enforce Elevator Safety. Contractual services shall begin, January 1, 2011, or upon full execution of this agreement, whichever is the earlier date and services shall end on June 30, 2020, unless otherwise extended in accordance with General Provisions, paragraph 10.

This agreement is subject to the following provisions:

SPECIAL PROVISIONS

- 1) INDEPENDENT CONTRACTOR: The CONTRACTOR shall perform and render the agreed upon services herein as an independent contractor and not as an agent, representative, or employee of the DEPARTMENT, in a proper and satisfactory manner as determined by the DEPARTMENT in its sole discretion.
- 2) INCORPORATION: This agreement incorporates in full, as if fully set forth herein, the provisions of the Elevator Safety Act, Florida Elevator Safety Code and Chapters 30 and 35 of the Florida Building Code, as these provisions exist and as they may be amended in the future.
- 3) COMMUNICATIONS: The DEPARTMENT agrees to have open and direct lines of communication with the CONTRACTOR, by providing DBPR staff telephone numbers to

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CONTRACTOR designated personnel, and by agreeing to provide advance copies of Industry Bulletins and Technical Articles to the CONTRACTOR before they are published and released to vendors, elevator contractors, license holders and other industry stakeholders.

The CONTRACTOR likewise agrees to have open and direct lines of communication with the DEPARTMENT, by providing Miami-Dade County staff telephone numbers to DEPARTMENT designated personnel, and by agreeing to provide advance copies of Industry Bulletins and Technical Articles and other key documents to the DEPARTMENT before they are published and released to vendors, elevator contractors, license holders and other industry stakeholders.

- 4) ASSIGNABILITY: This agreement is exclusive and personal and may not be assigned by the CONTRACTOR in whole or in part, except that in the event an emergency situation temporarily prevents the CONTRACTOR from performing its obligations hereto, the CONTRACTOR may request written permission from the DEPARTMENT to solicit assistance from any other municipality or county that has entered into a similar interagency agreement with the DEPARTMENT to issue elevator construction permits, temporary elevator operation permits and certificates of operation; provide and conduct elevator inspections; and enforce applicable provisions of the Florida Building Code, as required by the Elevator Safety Act and Florida Elevator Safety Code. Emergency assistance shall not exceed six (6) months without prior approval from the DEPARTMENT.

- 5) CONSIDERATION FOR SERVICES: Except as otherwise stated herein, in consideration for the services performed pursuant to this agreement, the CONTRACTOR is entitled to collect and retain those statutorily authorized fees and administrative fines, as provided in the Elevator Safety Act and Florida Elevator Safety Code, associated with the responsibilities and obligations to be performed herein, which fees and administrative fines would otherwise be collected by the Division. This agreement does not address, prohibit nor endorse, legally or otherwise, any additional fees and administrative fines imposed by the local jurisdiction.

- 6) CONTRACTOR SERVICES: The CONTRACTOR shall perform the following services:
 - a. The CONTRACTOR shall conduct elevator inspections in accordance with sections 399.061 and 399.13, Florida Statutes. The CONTRACTOR shall ensure that each inspection is competently performed by the holder of a valid certified elevator inspector credential, issued by the DEPARTMENT, and maintained in good standing. As provided in Section 399.13, Florida Statutes, the certified inspector shall be independent or an employee of the CONTRACTOR. For each inspection performed the inspector shall complete an Elevator Inspection Report, the form which is attached hereto and incorporated by reference as Attachments "I-A" and "II-A" or use of an equivalent form approved by the DEPARTMENT. The CONTRACTOR shall assume responsibility for inspector compliance with elevator inspection standards referenced in ASME A17.2, Guide for Inspection of Elevators, Escalators, and Moving Walks and for correcting any deficient performance by inspectors it supervises through employment



or contractual relationship. The DEPARTMENT, however, shall retain sole authority for disciplining an inspector's professional credential certification.

- b. The CONTRACTOR shall enforce the applicable provisions of the Florida Building Code, as required by the Elevator Safety Act, Florida Elevator Safety Code, and all other applicable and authorized elevator laws, rules and local ordinances, against any elevator owner or other person in violation thereof, except as otherwise provided in this section. "All enforcement activity shall be conducted in accordance with the provisions of Chapters 120, 162 and 399, Florida Statutes, and applicable Miami-Dade County Code of Ordinances and applicable Florida Administrative Code."

The DEPARTMENT, however, shall retain all authority with respect to professional credentials issued pursuant to Chapter 399, Florida Statutes. The CONTRACTOR shall not issue professional credentials nor shall it enforce the credentialing provisions of Chapter 399, Florida Statutes. The CONTRACTOR may issue local jurisdiction summons and collect administrative fines from credentialed persons or credentialed companies for violating the provisions of the Elevator Safety Act and the Elevator Safety Code. However, the CONTRACTOR shall report to the DEPARTMENT all known or suspected violations of Chapter 399, Florida Statutes, or the Elevator Safety Code, committed by holders of a DEPARTMENT issued professional credential within thirty (30) days of discovery.

- c. The CONTRACTOR shall provide the DEPARTMENT with a Monthly Activity Report, the form of which is attached hereto and incorporated by reference as Attachment "I-B" and "II-B, or use of an equivalent form approved by the DEPARTMENT, which shall include the number of elevator permit applications received and issued, the number of elevator inspections and callbacks conducted, complaints and accidents received, inspected and resolved, and the number of actions initiated to enforce the provisions of the Elevator Safety Act and Elevator Safety Code. Such report is due to the DEPARTMENT within thirty (30) days of the end of the month in which activity is reported.
- d. The Elevator Safety Act requires that an elevator owner or representative report any accident occurring on or in an elevator within five (5) working days of the accident to the DEPARTMENT/CONTRACTOR using the Elevator Owner Accident Report attached hereto and incorporated by reference as Attachment "I-D" and "II-D". However, if the accident occurs within the jurisdiction of Miami-Dade County, wherein the Elevator Owner Accident Report is submitted to the CONTRACTOR, a copy of any accident report, shall be forwarded to the DEPARTMENT within thirty (30) days.
- e. The CONTRACTOR shall maintain accurate records and documentation, including copies of all elevator permit applications received and issued, all elevator inspection reports issued and all elevator certificate of operation applications received and issued, pursuant to the requirements of Section 399.13, Florida Statutes.

- f. The CONTRACTOR acknowledges and agrees that all records and reports required by this agreement, the Elevator Safety Act, or Florida Elevator Safety Code, are subject to inspection by the DEPARTMENT, The CONTRACTOR shall maintain all such records according to the retention schedule employed by the DEPARTMENT'S Bureau of Elevator Safety.
- g. The CONTRACTOR shall not issue an elevator Certificate of Operation until, the elevator or vertical conveyance passes its final or initial inspection, the elevator company supervisor signs an Affidavit, the certificate and form which is attached hereto and incorporated as Attachment "I-C" and "II-C", or use of an equivalent form approved by the DEPARTMENT and witnessed by the CONTRACTOR'S inspector, which sets forth that the elevator company supervisor directly supervised construction or installation of the elevator.
- h. The CONTRACTOR agrees to establish a Quality Assurance Program in consultation with, and approved by, the DEPARTMENT, to conduct quality assurance inspections and to provide the DEPARTMENT with copies of the quality assurance inspection reports. The DEPARTMENT will conduct oversight and monitor inspections as necessary.

7) CONTRACTOR RESPONSIBILITIES: The CONTRACTOR shall be responsible for:

- a. CONTRACTOR agrees to process all certificates and permits it issues, and electronically store data, specified below, related to the regulation of elevators, issuance of permits, certificates of operation, for each item specified in section 399.13, Florida Statutes until this agreement terminates.
- b. CONTRACTOR agrees to provide the electronic data specified below to the DEPARTMENT, not later than sixty (60) days prior to and until termination of this agreement by either party, in comma-delimited text format that will merge into the DEPARTMENT'S 'LicenseEase' licensing data software, or any successor and then-current licensing data management software, with minimal need for data conversion programming. CONTRACTOR'S failure to provide the specified data in such a format not later than sixty (60) days prior to the termination of this agreement is a breach of this agreement. CONTRACTOR will reimburse the DEPARTMENT within sixty (60) days of receipt of an itemized invoice from the DEPARTMENT for all actual and reasonable costs incurred in good faith by the DEPARTMENT to merge the specified data into the DEPARTMENT'S 'LicenseEase' licensing data software, or any successor and then current licensing data management software, whether such costs are attributable to work performed by the DEPARTMENT or a source external to the DEPARTMENT. If the need arises, in the sole determination by the DEPARTMENT, to undertake data conversion in anticipation of the termination of this agreement, the Contractor agrees to provide full cooperation and unobstructed access to the DEPARTMENT'S staff or any external resource engaged in the conversion work to merge the CONTRACTOR'S data with the DEPARTMENT'S

- c. The following specific electronic data is required for conversion at a minimum, for each item specified in section 399.13, Florida Statutes, to include: elevator permit applications, permits issued, and certificates of operation issued, and the following:
1. License information, continually maintained: Miami-Dade County Elevator Certificate Number, prior State Serial Number, Licensee Name, Classification Code (equivalent to state codes current at time of migration), Mailing Street Address, Mailing Address Line 2, Mailing Address Line 3, Location City, Location State Code, Location Zip Code, Location County Code, Location Phone Number, License Status Code (equivalent to state codes current at time of migration), License Secondary Status Code (equivalent to state codes current at time of migration), Original Date of Issue, Expiration Date, Number of Landings, Capacity (in pounds), Travel distance (in feet), Speed Up (feet per minute), Speed Down (feet per minute), and installing Company and date installed. In addition: Service Contract Number and Status: Current; Maintenance Company Name, Address, and License Number; Beginning and Ending Date (of service contract).
 2. Inspection information, maintained for the preceding five years: Miami-Dade County Elevator Certificate Number, prior State Serial Number, Inspection Date, Inspection Type Code (equivalent to state codes current at time of migration), Violation Codes, Number of Violations, Certified Elevator Inspector Number.

8) CONTRACTOR may grant variances and waivers to the Florida Elevator Safety Code, as authorized in rule and consistent with the provisions of Chapter 120, Florida Statutes.

GENERAL PROVISIONS

- 1) APPROPRIATION: This is a no-cost agreement for the DEPARTMENT. The CONTRACTOR is responsible for all costs associated with the performance of this agreement.
- 2) CANCELLATION: This agreement may be terminated by either party by giving one hundred and eighty (180) days written notice of cancellation to the other party; said notice shall be sufficient if it is delivered to the party personally or mailed by certified mail to the mailing address as specified herein. In case of cancellation, only the costs actually accrued for services satisfactorily performed prior to the date of cancellation shall be considered incurred, and all work in progress shall remain the property of the DEPARTMENT and shall be delivered to the DEPARTMENT. The CONTRACTOR shall abide by the electronic data merge and cost reimbursement requirements due the DEPARTMENT within sixty (60) days prior to and until termination of this agreement.

CONTRACTOR shall abide by the electronic data merge and cost reimbursement requirements due the DEPARTMENT within sixty (60) days prior to and until termination of this agreement.

- 3) COMPLIANCE: For the purpose of ensuring compliance with the provisions of this agreement and the provisions of the Elevator Safety Act and Florida Elevator Safety Code, the DEPARTMENT may at any time verify compliance with applicable standards, assess the effectiveness of the CONTRACTOR'S inspection and enforcement activities and verify the accuracy of the inspections performed. The DEPARTMENT will notify the CONTRACTOR in writing of any deficiencies noted and provide appropriate documentation when necessary. The CONTRACTOR shall remedy the deficiencies noted within thirty (30) days of receipt of notice. Upon a finding by the DEPARTMENT that the CONTRACTOR has failed to comply with or enforce the applicable provisions of the Florida Building Code, as required by the Elevator Safety Act and Florida Elevator Safety Code, or has violated the terms of this agreement, the DEPARTMENT may cancel this agreement by giving CONTRACTOR immediate written notice of cancellation.

- 4) ENTIRE AGREEMENT: This agreement and attachments "I-A" and "II-A" Elevator Inspection Report, "I-B" and "II-B" Monthly Activity Report, "I-C" and "II-C Certificate of Operation and Construction Supervisor Affidavit, and "I-D" and "II-D Elevator Owner Accident Report attached hereto, constitute the entire agreement of the parties; and no other agreement or modification, expressed or implied, shall be binding on either party unless same shall be in writing and signed by both parties. This agreement may not be orally modified. Any modification must be in writing, expressly titled a modification, amendment, or addendum to this agreement, attached to this agreement, and signed by both parties.

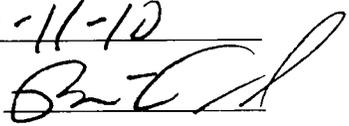
- 5) LIABILITY: Each party hereby assumes the acts or omissions of that party or its officers, agents or employees. Nothing herein is intended to serve as a waiver of sovereign immunity by any party to which sovereign immunity may be applicable. Nothing herein shall be construed, as consent by a state agency or political subdivision of the State of Florida to be sued by third parties in any matter arising out of this Agreement or any other contractual agreement. The CONTRACTOR shall be responsible for all costs incurred for performance of the delegated responsibilities herein and to the extent provided by law and subject to the limitations provided in Section 768.28, Florida Statutes, as same may be amended, indemnifies the Department of Business and Professional Regulation, the Division of Hotels And Restaurants, the Bureau of Elevator Safety, their employees and representatives for any action brought as a result of Contractor's acts or failure to act under this agreement.

- 6) PUBLIC DOCUMENTS: The CONTRACTOR shall allow the public and DEPARTMENT access to all documentation relating to any action required pursuant to the provisions of this agreement. Failure to permit such access may result in an action to enforce disclosure pursuant to Chapter 119, Florida Statutes, and the DEPARTMENT canceling this agreement by giving CONTRACTOR immediate written notice of cancellation.
- 7) ATTORNEY'S FEES: Except as otherwise provided by law, the parties agree to be responsible for their own attorney's fees incurred in connection with disputes arising under the terms of this agreement.
- 8) DISPUTES: This agreement shall be governed by and construed in accordance with the laws of Florida. The CONTRACTOR agrees that venue to enforce any provision of this agreement shall be in Leon County, Florida.
- 9) NOTICE TO CONTRACTOR: The DEPARTMENT shall consider the employment by any contractor of unauthorized aliens a violation of section 274A(e) of the Immigration and Nationalization Act. If CONTRACTOR violates this section, the DEPARTMENT may cancel this agreement by giving CONTRACTOR immediate written notice of cancellation.
- 10) RENEWAL: This agreement may be renewed for one additional ten-year term provided the DEPARTMENT is satisfied with the CONTRACTOR'S performance and provided that the CONTRACTOR notifies the DEPARTMENT in writing at least 180 days prior to expiration of its intent to renew.

IN WITNESS WHEREOF, the parties hereto have made and executed this agreement between the Department of Business and Professional Regulation, Division of Hotels and Restaurants and Miami-Dade County on the respective dates under each signature: MIAMI-DADE COUNTY through its Board of County Commissioners, signing by and through its Mayor or designee, authorized to execute same by Board action, and the STATE OF FLORIDA, signing by and through its Director, Department of Business and Professional Regulation, Division of Hotels and Restaurants, authorized to execute same.

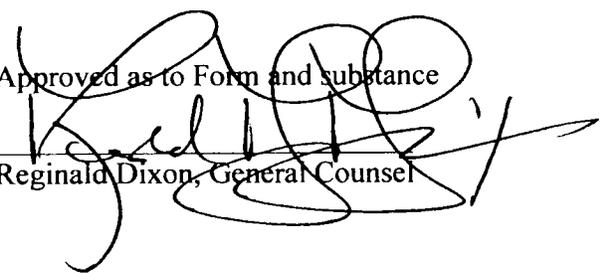
STATE OF FLORIDA

BILL VEACH, DIRECTOR
Department of Business and Professional
Regulation
Division of Hotels and Restaurants
1940 North Monroe Street
Tallahassee, Florida 32399-1011

Date: 10-11-10
Approved: 

CHARLIE LIEM, SECRETARY
Department of Business and Professional
Regulation
1940 North Monroe Street
Tallahassee, Florida 32399-0750

Date: _____
Approved: 

Approved as to Form and substance

Reginald Dixon, General Counsel

MIAMI-DADE COUNTY

ATTEST:

Clerk of the Board of County
Commissioners of Miami-Dade County,
Florida

MIAMI-DADE COUNTY, through its
MAYOR

By: _____

____ day of _____, 2010

Approved as to Form and legal sufficiency
Office of County Attorney
Miami-Dade County, Florida
Robert Cuevas, County Attorney
Stephen P. Clark Center, Ste 2810
111 NW 1st Street
Miami, Florida 33128
Telephone: (305) 375-5151
Facsimile: (305) 375-5634

By: JMM

Jess McCarty
Assistant County Attorney

ATTACHMENTS

I. DBPR Forms

- "A" - DBPR Elevator Inspection Report (Form HR 5023-003)
- "B" - DBPR Monthly Activity Report
- "C" - DBPR Construction Supervisor Affidavit signatory form for Certificate of Operation (see Supervisor of Construction attestation on Attachment A)
- "D" - DBPR Elevator Owner Accident Report (Form HR 7016)

II. MIAMI-DADE COUNTY APPROVED DBPR EQUIVALENT Forms

(provided by the CONTRACTOR)

- "A" – Miami-Dade County Elevator Inspection Report Forms
- "B" – Miami-Dade County Monthly Activity Report
- "C" – Miami-Dade County Construction Supervisor Affidavit (similar to attestation on DBPR Attachment A)
- "D" – Miami-Dade County Elevator Owner Accident Report

III. – Reserved

IV. – Miami-Dade County to provide code enforcement language, upon adoption by the Board of County Commissioners

INSPECTION DATE	
04 05 06 07 08 09 10 11 12 13	00 01 02 03 04 05 06 07 08 09

CERTIFIED ELEVATOR INSPECTOR (CEI) #	
00 01 02 03 04 05 06 07 08 09	00 01 02 03 04 05 06 07 08 09

TYPE OF INSPECTION

Routine
 Alteration Acceptance
 Callback
 Construction
 Initial Acceptance
 Temporary Operating Inspection
 Accident
 Complaint
 Compliance Monitoring
 Industry Oversight/Audit

TIME IN

TIME OUT

Building Name _____
 Building Address _____
 City _____ Zip Code _____

State of Florida
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 Division of Hotels and Restaurants • Bureau of Elevator Safety
 Northwood Centre, 1940 North Monroe Street, Tallahassee, FL 32399-1013
 Ph: 850-487-1395 • www.MyFloridaLicense.com/dbpr/hv • Fax: 850-922-6208

ELEVATOR INSPECTION REPORT

SERIAL NUMBER	
00 01 02 03 04 05 06 07 08 09	00 01 02 03 04 05 06 07 08 09

VIOLATIONS
 FOR VIOLATION CODES, PLEASE GO TO THE INTERNET AT: www.MyFloridaLicense.com/dbpr/hv/elevators.html

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

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 # _____
 Print Name _____ CEI # _____
 Phone Number _____

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

COMMENTS

CERTIFIED ELEVATOR INSPECTOR

PERSON RECEIVING THIS REPORT

If violations are cited, this report constitutes an Order to Correct as outlined in s. 399.081(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 _____

Pass
 Fail

I certify that I have personally performed or witnessed:

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.
 Installation 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 # _____
 Print Name _____ Phone Number _____

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
 Section 553.509, Florida Statutes.
 Alternate power requirements.

NOTICE TO CERTIFIED ELEVATOR INSPECTOR

Completed inspection report must be returned to the Bureau of Elevator Safety within five (5) working days of inspection.

NOTICE TO CERTIFIED ELEVATOR INSPECTOR

Completed inspection report must be returned to the Bureau of Elevator Safety within five (5) working days of inspection.

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ATTACHMENT "I A"



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MONTHLY CONTRACTED ACTIVITY REPORT

TO: Bureau of Elevator Safety - Compliance Section

FROM: _____ Reedy Creek Improvement District
_____ City of Miami
_____ City of Miami Beach
_____ Miami-Dade
_____ Broward County

SUBJECT: ELEVATOR INSPECTION FOR THE MONTH OF _____

- 1 ROUTINE INSPECTIONS PERFORMED _____
- 2 PERIODIC INSPECTIONS PERFORMED _____
- 3 INITIAL INSPECTIONS PERFORMED (FINAL) _____
- 4 CALLBACK INSPECTIONS PERFORMED _____
- 5 ALTERATION INSPECTIONS PERFORMED (FINAL) _____
- 6 CONSTRUCTION INSPECTIONS PERFORMED _____
- 7 COMPLAINT INSPECTIONS PERFORMED _____
- 8 ACCIDENT INSPECTIONS PERFORMED _____
- 9 ELEVATORS SEALED FROM PUBLIC USE _____
- 10 NEW ELEVATOR/ESCALATOR PERMITS ISSUED _____
- 11 ALTERATION PERMITS ISSUED _____
- 12 TEMPORARY OPERATION PERMITS ISSUED _____
- 13 NUMBER OF ACCIDENTS REPORTED _____
- 14 NUMBER OF COMPLAINTS REPORTED _____
- 15 NUMBER OF ELEVATORS/ESCALATORS _____

TOTAL INSPECTIONS (1 THROUGH 8) _____

REPRESENTATIVE OF CONTRACTED AGENCY

DATE

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INSPECTION DATE	04/05/08	CERTIFIED ELEVATOR INSPECTOR (CEI) #	0123456789
	01/2/09		0123456789
	01/2/09		0123456789
	01/2/09		0123456789
	01/2/09		0123456789
	01/2/09		0123456789
	01/2/09		0123456789
	01/2/09		0123456789
	01/2/09		0123456789
	01/2/09		0123456789

TYPE OF INSPECTION	<input type="checkbox"/> Routine <input type="checkbox"/> Alteration Acceptance <input type="checkbox"/> Callback <input type="checkbox"/> Construction <input type="checkbox"/> Initial Acceptance <input type="checkbox"/> Temporary Operating Inspection <input type="checkbox"/> Accident <input type="checkbox"/> Compliant <input type="checkbox"/> Compliance Monitoring <input type="checkbox"/> Industry Oversight/Audit
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TIME IN	
TIME OUT	

State of Florida
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 Division of Hotels and Restaurants • Bureau of Elevator Safety
 Northwood Centre, 1940 North Monroe Street, Tallahassee, FL 32399-1013
 Ph: 850-487-1395 • www.MyFloridaLicense.com/dbpr/hr/ • Fax: 850-922-6208

ELEVATOR INSPECTION REPORT

Building Name: _____
 Building Address: _____
 City: _____
 Zip Code: _____

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

FOR VIOLATION CODES, PLEASE GO TO THE INTERNET AT: www.MyFloridaLicense.com/dbpr/hr/elevators.html

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: _____
 Print Name: _____
 Phone Number: _____
 CEI # _____

VIOLATION 1	VIOLATION 2	VIOLATION 3	VIOLATION 4	VIOLATION 5	VIOLATION 6	VIOLATION 7	VIOLATION 8	VIOLATION 9
0123456789 0123456789 0123456789 A B C D E F G H I J	0123456789 0123456789 0123456789 A B C D E F G H I J	0123456789 0123456789 0123456789 A B C D E F G H I J	0123456789 0123456789 0123456789 A B C D E F G H I J	0123456789 0123456789 0123456789 A B C D E F G H I J	0123456789 0123456789 0123456789 A B C D E F G H I J	0123456789 0123456789 0123456789 A B C D E F G H I J	0123456789 0123456789 0123456789 A B C D E F G H I J	0123456789 0123456789 0123456789 A B C D E F G H I J

COMMENTS

CERTIFIED ELEVATOR INSPECTOR

PERSON RECEIVING THIS REPORT

If violations are cited, this report constitutes an Order to Correct as outlined in s. 399.06(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: _____

I certify that I have personally performed or witnessed:

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 report have been corrected.
 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 Building Code adopted by Rule 9B-3.047, Florida Administrative Code.

This device
 Complies With
 Does Not Comply With
 Is Exempt From
 Section 399.15, Florida Statutes; Regional emergency elevator access/egress key requirements.
 AND
 Complies With
 Does Not Comply With
 Is Exempt From
 Section 553.509, Florida Statutes; Alternate power requirements.

Signature: _____
 Print Name: _____
 CEI # _____
 REC # _____
 Phone Number: _____

NOTICE TO CERTIFIED ELEVATOR INSPECTOR

Completed inspection report must be returned to the Bureau of Elevator Safety within five (5) working days of inspection.



**DBPR HR-7016 – Division of Hotels and Restaurants, Bureau of Elevator Safety
Elevator Owners Accident Report**

Florida law requires certificate of operation holders to submit the following form to the division in the event of an elevator accident. Failure to file this report within five working days of the accident could result in a fine of up to \$1,000.

SECTION 1 – EQUIPMENT LOCATION					
License Number	<input type="checkbox"/> Elevator	<input type="checkbox"/> Moving Walkway	Accident Date (mm/dd/yyyy)		
	<input type="checkbox"/> Escalator	<input type="checkbox"/> Wheelchair Lift	Time of Accident Hour	Minute	<input type="checkbox"/> AM <input type="checkbox"/> PM
Owner Name			Business Name		
Building Address				City	
County	State	Zip Code	Phone Number		
SECTION 2 - SERVICE MAINTENANCE					
Is the elevator or escalator under a service maintenance contract? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Name of Elevator Maintenance Company					
Was the elevator service maintenance company notified?		Most recent required test performed?		Test Date	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years		(mm/dd/yyyy)	
If yes, indicate date (MM/DD/YYYY)					
SECTION 3 – ACCIDENT DETAILS					
Brief Narrative: (attach additional sheets as necessary)					
PLEASE CHECK ALL THAT APPLY					
Medical Attention Req'd <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Fall	<input type="checkbox"/> Bruises	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Hand	<input type="checkbox"/> Fingers
	<input type="checkbox"/> Trip	<input type="checkbox"/> Cuts	<input type="checkbox"/> Arm	<input type="checkbox"/> Leg	<input type="checkbox"/> Knee
	<input type="checkbox"/> Hair	<input type="checkbox"/> Other	<input type="checkbox"/> Foot	<input type="checkbox"/> Toes	<input type="checkbox"/> Torso
Other Factors: <input type="checkbox"/> Carryon Items/Packages <input type="checkbox"/> Stroller <input type="checkbox"/> Safety Issues <input type="checkbox"/> Mechanical <input type="checkbox"/> Other					
Clothing/Footwear Involved: <input type="checkbox"/> Sleeves <input type="checkbox"/> Purse <input type="checkbox"/> Shoes <input type="checkbox"/> Dress/skirt <input type="checkbox"/> Pants <input type="checkbox"/> Coat <input type="checkbox"/> Other					
Equipment Involved: <input type="checkbox"/> Door Open <input type="checkbox"/> Step–Stair Tread <input type="checkbox"/> Floor Leveling <input type="checkbox"/> Esc. Side Wall <input type="checkbox"/> Esc. Railing					
Witnessed Activities: <input type="checkbox"/> Unsafe Rider Behavior <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other					
Post Event Inspection Req'd <input type="checkbox"/> Y <input type="checkbox"/> N			Performed by:		Date
(Optional) Unit Cleared for Continued Use: <input type="checkbox"/> Y <input type="checkbox"/> N			Cleared By:	CEI #	Date
SECTION 4 – REPORTING SIGNATURE					
Report Submitted by (print name)		Date	Title		Current Certificate ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Signature			Phone Number	Contracted Jurisdiction	

Disclaimer: This report will assist the division in identifying ways to improve rider safety and will not be used to assign blame or liability. Florida law requires the elevator's certificate of operation holder to submit the report to the Bureau of Elevator Safety within 5 days of the accident. You may fill in the online form or Portable Document Format (PDF) version of this report, save it to your hard drive and e-mail it to: dhr.elevators@dbpr.state.fl.us, or you may mail the report to:

**Department of Business and Professional Regulation,
Division of Hotels and Restaurants, Bureau of Elevator Safety,
1940 North Monroe Street
Tallahassee, FL 32399-1013
Phone: 850.487.1395**

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Approved "E D"



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MONTHLY CONTRACTED ACTIVITY REPORT

TO: Bureau of Elevator Safety - Compliance Section

FROM: _____ Reedy Creek Improvement District
_____ City of Miami
_____ City of Miami Beach
 Miami-Dade
_____ Broward County

SUBJECT: ELEVATOR INSPECTION FOR THE MONTH OF _____

1	ROUTINE INSPECTIONS PERFORMED	_____
2	PERIODIC INSPECTIONS PERFORMED	_____
3	INITIAL INSPECTIONS PERFORMED (FINAL)	_____
4	CALLBACK INSPECTIONS PERFORMED	_____
5	ALTERATION INSPECTIONS PERFORMED (FINAL)	_____
6	CONSTRUCTION INSPECTIONS PERFORMED	_____
7	COMPLAINT INSPECTIONS PERFORMED	_____
8	ACCIDENT INSPECTIONS PERFORMED	_____
9	ELEVATORS SEALED FROM PUBLIC USE	_____
10	NEW ELEVATOR/ESCALATOR PERMITS ISSUED	_____
11	ALTERATION PERMITS ISSUED	_____
12	TEMPORARY OPERATION PERMITS ISSUED	_____
13	NUMBER OF ACCIDENTS REPORTED	_____
14	NUMBER OF COMPLAINTS REPORTED	_____
15	NUMBER OF ELEVATORS/ESCALATORS	_____
	TOTAL INSPECTIONS (1 THROUGH 8)	_____
_____		_____
REPRESENTATIVE OF CONTRACTED AGENCY		DATE

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ATTACHMENT "II B"



MIAMI-DADE COUNTY
GENERAL SERVICES ADMINISTRATION
FACILITIES and UTILITIES MANAGEMENT DIVISION
OFFICE of ELEVATOR SAFETY
111 NW 1st Street, Suite 2410
Miami, Florida 33128-1979
Ph: 305.349.6033
Fax: 305.349.6040
www.miamidade.gov/gsa/elevatormain.asp

For Office Use Only
Serial #
Date Approved

AFFIDAVIT OF ELEVATOR CODE COMPLIANCE

I, _____, acting as agent of the below named registered elevator company,
do hereby attest that the plans for elevator installation and/or modification to be located at:

_____ meet or exceed the minimum standards of Chapter 399, Florida Statutes, and Chapter 30 of the Florida Building Code adopted by Rule 9B-3.047, Florida Administrative Code, or variance granted thereto.

Registered Elevator Company _____
Signature of Agent _____
Printed Name _____
Date _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by
_____, who is personally known to me or who has produced
_____ as
identification and who has taken an oath.

Notary Public, State of Florida

Printed Name
Commission Number:
My Commission Expires:

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ATTACHMENT "TLC"



MIAMI-DADE COUNTY
GENERAL SERVICES ADMINISTRATION
FACILITIES and UTILITIES MANAGEMENT DIVISION
OFFICE of ELEVATOR SAFETY
 201 West Flagler Street
 Miami, FL 33130-1510
 Ph: 305.375.1577
 Fax: 305.372.6367
www.miamidade.gov/gsa/elevatormain.asp

399.125 Reporting of elevator accidents; penalties.—Within 5 working days after any accident occurring in or upon any elevator, the certificate of operation holder shall report the accident to the division on a form prescribed by the division. Failure to timely file this report is a violation of this chapter and will subject the certificate of operation holder to an administrative fine, to be imposed by the division, in an amount not to exceed \$1,000. *Within Miami-Dade County, accidents are to be reported to Miami-Dade County*

SECTION 1 – EQUIPMENT LOCATION										
License Number	<input type="checkbox"/> Elevator	<input type="checkbox"/> Escalator	<input type="checkbox"/> Moving Walkway	<input type="checkbox"/> Wheelchair Lift	Accident Date (mm/dd/yyyy)	Time of Accident Hour	Minute	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
Owner Name					Business Name					
Building Address							City			
County			State		Zip Code		Phone Number			
SECTION 2 - SERVICE MAINTENANCE										
Is the elevator or escalator under a service maintenance contract? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										
Name of Elevator Maintenance Company										
Was the elevator service maintenance company notified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate date (MM/DD/YYYY)					Most recent required test performed? <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years			Test Date (mm/dd/yyyy)		
SECTION 3 – ACCIDENT DETAILS										
Brief Narrative: (attach additional sheets as necessary)										
PLEASE CHECK ALL THAT APPLY										
Medical Attention Req'd <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Fall	<input type="checkbox"/> Bruises	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Hand	<input type="checkbox"/> Fingers	<input type="checkbox"/> Hair	<input type="checkbox"/> Other		
		<input type="checkbox"/> Trip	<input type="checkbox"/> Cuts	<input type="checkbox"/> Arm	<input type="checkbox"/> Leg	<input type="checkbox"/> Knee	<input type="checkbox"/> Foot	<input type="checkbox"/> Toes	<input type="checkbox"/> Torso	
Other Factors: <input type="checkbox"/> Carryon Items/Packages <input type="checkbox"/> Stroller <input type="checkbox"/> Safety Issues <input type="checkbox"/> Mechanical <input type="checkbox"/> Other										
Clothing/Footwear Involved: <input type="checkbox"/> Sleeves <input type="checkbox"/> Purse <input type="checkbox"/> Shoes <input type="checkbox"/> Dress/skirt <input type="checkbox"/> Pants <input type="checkbox"/> Coat <input type="checkbox"/> Other										
Equipment Involved: <input type="checkbox"/> Door Open <input type="checkbox"/> Step–Stair Tread <input type="checkbox"/> Floor Leveling <input type="checkbox"/> Esc. Side Wall <input type="checkbox"/> Esc. Railing										
Witnessed Activities: <input type="checkbox"/> Unsafe Rider Behavior <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other										
Post Event Inspection Req'd <input type="checkbox"/> Y <input type="checkbox"/> N					Performed by:			Date		
(Optional) Unit Cleared for Continued Use: <input type="checkbox"/> Y <input type="checkbox"/> N					Cleared By:		CEI #		Date	
SECTION 4 – REPORTING SIGNATURE										
Report Submitted by (print name)				Date		Title		Current Certificate ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
Signature					Phone Number			Contracted Jurisdiction		

Disclaimer: This report is not intended to ascertain fault or to establish liability. The statutorily required completion enables the County to capture data for trending and analysis to improve rider safety. The report must be returned to the Office of Elevator Safety within 5 days of the accident to:

Miami-Dade County
 GSA/Facilities and Utilities Management Div, Office of Elevator Safety,
 201 West Flagler Street
 Miami, FL 33130-1510 FAX: 305-372-6367

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ATTACHMENT "IID"