

INSTRUCTIONS FOR MIAMI-DADE COUNTY ELEVATOR INSPECTION REPORT

- 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 may perform inspections. Indicate which type of inspection you have performed. Note that we encourage owners to have their equipment inspected by a properly qualified and licensed 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.
- 12** If periodic tests are performed indicate which type, and the results of the tests in the appropriate area. If the tests fail, do not write in the failed result, but indicate failure in the comments section.
- 13** Inspector certification is required on each inspection. No certificate of operation shall be issued until an inspection report citing no violations is received, or that violations cited on the prior report have been corrected. Certification is your seal that you have in fact performed or witnessed the inspection or test. In the case of a routine inspection with witnessed tests that all pass, you would bubble in the first bubble indicating routine inspection, then the bubble indicating periodic tests, and then the last one that the installation meets or exceeds minimum standards. All three would be required. If an acceptance inspection, then only that bubble and the last one is bubbled if approved. Sign your name and write in the CEI and print your name and phone number.
- 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.
- 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 thirty 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.

1

INSPECTION DATE		
Month	Day	Year
0	0	04
1	1	05
2	2	06
3	3	07
4	4	08
5	5	09
6	6	10
7	7	
8	8	
9	9	

5

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

4

TIME IN
TIME OUT

8

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MIAMI-DADE COUNTY
www.miamidade.gov

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

ELEVATOR INSPECTION REPORT

TYPE OF INSPECTION

Routine/Inspection

Alteration Acceptance

Callback/Re-Inspection

Construction

Final Acceptance

Temporary Operating Inspection

Accident

OES USE ONLY

Complaint

Contract Monitoring

Industry Oversight/Audit

Building Name _____ Phone _____

Building Address _____ **6**

City _____

Permit # _____ **7**

DEFINITIONS
CEI - FL Certified Elevator Inspector
CET - 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 # _____ 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 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	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	A B C D E F G	A B C D E F G	A B C D E F G	A B C D E F G	A B C D E F G	A B C D E F G	A B C D E F G	A B C D E F G

COMMENTS (FOR ADDITIONAL COMMENTS USE SUPPLEMENTAL REPORT)

_____ **11**

PERIODIC TESTS

Periodic Tests	Results -- Esc./MW	Results -- Hydro	Results Traction
<input type="checkbox"/> Annual <input type="checkbox"/> Five Year <input type="checkbox"/> Other	Brake Torque Skirt Index	Run N/L F/L Relief	Sw. Sp. Slide Trip Sp. Pull out/thru

CERTIFIED ELEVATOR INSPECTOR

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 **13**

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 # _____ REC# _____

Print Name _____ Phone Number _____

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 30 days in accordance with s. 399.105(4), Florida Statutes.

Signature _____ **16** Title _____

Print Name _____ Phone Number _____

PLEASE DO NOT WRITE BELOW THIS LINE

NOTICE TO CERTIFIED ELEVATOR INSPECTOR **17** Completed inspection report must be returned to the Office of Elevator Safety at the above address within five (5) working days of inspection.

160_01-85 11/06