INSPECTION DATE		
Month	Day	Year
01	31	04 05 06 07 08 09 10

CERTIFIED ELEVATOR INSPECTOR (CEI) #			
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

TYPE OF INSPECTION

- ◯ Routine
- ◯ Alteration Acceptance
- ◯ Callback
- ◯ Construction
- ◯ Final Acceptance
- ◯ Temporary Operating Inspection
- ◯ Accident

OES USE ONLY

- ◯ Complaint
- ◯ Contract Monitoring
- ◯ Industry Oversight/Audit

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

SERIAL NUMBER				
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

Building Name | Phone

Building Address

City

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
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 H I J	A B C D E F G H I J	A B C D E F G H I J	A B C D E F G H I J	A B C D E F G H I J	A B C D E F G H I J	A B C D E F G H I J	A B C D E F G H I J	A B C D E F G H I J

COMMENTS (FOR ADDITIONAL COMMENTS USE SUPPLEMENTAL REPORT)

Periodic Tests	Results — Esc./MW	Results — Hydro	Results Traction	
◯ Annual ◯ Five Year ◯ Other_____	Brake Torque Skirt Index	Run N/L Relief	Sw. Sp. Trip Sp.	Slide Pull out/thru

PERSON RECEIVING THIS REPORT

Signature | Title

Print Name | Phone Number

PLEASE DO NOT WRITE BELOW THIS LINE

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
- ◯ 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

Chapter 399.15, of the Florida Statutes: Regional emergency elevator access/fire key requirements.

Signature | CEI # | REC#

Print Name | Phone Number

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.