



State of New Hampshire

Department of Labor

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Website:
<https://www.nh.gov/labor>

ELEVATOR & ACCESSIBILITY LIFT INSPECTION REPORT

Billing Information

Location Information

Owner Information

(If different than billing)

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Email: _____
 Contact: _____

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
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 Contact: _____

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Email: _____
 Contact: _____

NHE#: _____	Type: _____
Date of Inspection: _____	Inspection Time: _____
	Anniversary Date: _____

Certificate to be Issued -----	Yes	No
Fire Fighters Operation -----	Yes	No
With Smoke Detectors Test: tested & passed (witnessed) -----	Yes	No

Acceptance:

Annual:

Other:

Acceptance Test _____
 Acceptance Safety Test _____
 Acceptance Load Test* _____
**with a safety device or over speed valve*

Annual Certification _____
 Annual Safety Test _____
 Five Year Load Test _____

Decommission _____
 Suspension _____
 Accident Investigation _____
 Other: _____

Inspector: _____	NH Inspector Number: _____
Company: _____	

Violations/Recommendations
