



ELEVATOR INSPECTION REPORT

STATE OF NH NEW HAMPSHIRE
DEPARTMENT OF LABOR
P.O.BOX 2076
CONCORD, NH 03302-2076

NHE: # _____

BILLING NAME: _____ PHONE#: _____

BILLING ADDRESS: _____

BILLING CITY: _____ STATE: _____ ZIP: _____

LOCATION NAME: _____ PHONE #: _____

LOCATION ADDRESS: _____

LOCATION CITY: _____ STATE: _____ ZIP: _____

TYPE: _____ DATE OF INSPECTION: ____/____/____

ANNIVERSARY DATE: _____

ANNUAL SAFETY CERTIFICATES SHOULD BE ISSUED YES ____ NO ____
CONTINGENT ON STATE ACCEPTANCE OF ALARM COMPANY REPORT IF REQUIRED

PASSED ANNUAL OR FIVE (5) YEAR TEST: (LOAD TEST IF REQUIRED) YES ____ NO ____

ELEVATOR HAS FIREFIGHTERS OPERATION: PHASE 1 OR PHASE 2 YES ____ NO ____

FIREFIGHTERS EMER. OPER. WITH SMOKE DETECTORS TEST: Tested & Passed (Witnessed) _____

Or Alarm Co. Report Attached _____

INSPECTOR: _____

NH INSPECTOR LICENSE # _____ **COMPANY #** _____

LIST ALL CODE VIOLATIONS BY CODE RULE NUMBER:

OTHER RECOMMENDATIONS:

OWNER USER REPRESENTATIVE

2-17-2017

Elevator Inspection Report Form