

## **ELEVATOR INSPECTION REPORT**

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

BILLING ADDRESS:	LLING CITY:			NHE: #		
LOCATION NAME:       PHONE #:         LOCATION ADDRESS:       STATE:         LOCATION CITY:       STATE:         TYPE:       DATE OF INSPECTION:         ANNIVERSARY DATE:       ANNIVERSARY DATE:         ANNUAL SAFETY CERTIFICATES SHOULD BE ISSUED       YES         CONTINGENT ON STATE ACCEPTANCE OF ALARM COMPANY REPORT IF REQUIRED       YES         PASSED ANNUAL OR FIVE (5) YEAR TEST: (LOAD TEST IF REQUIRED)       YES         ELEVATOR HAS FIREFIGHTERS OPERATION: PHASE 1OR PHASE 2       YES         FIREFIGHTERS EMER. OPER. WITH SMOKE DETECTORS TEST: Tested & Passed (Witnessed)	LLING CITY:	BILLING NAME:	PHONE	C#:		
LOCATION NAME:       PHONE #:         LOCATION ADDRESS:       STATE:         LOCATION CITY:       STATE:         TYPE:       DATE OF INSPECTION:         ANNIVERSARY DATE:       ANNIVERSARY DATE:         CONTINGENT ON STATE ACCEPTANCE OF ALARM COMPANY REPORT IF REQUIRED       YES         PASSED ANNUAL OR FIVE (5) YEAR TEST: (LOAD TEST IF REQUIRED)       YES         ELEVATOR HAS FIREFIGHTERS OPERATION: PHASE 1OR PHASE 2       YES         FIREFIGHTERS EMER. OPER. WITH SMOKE DETECTORS TEST: Tested & Passed (Witnessed)	DCATION NAME:       PHONE #:         DCATION ADDRESS:	BILLING ADDRESS:				
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LOCATION CITY:	CATION CITY:	LOCATION NAME:	PHONE	PHONE #:		
TYPE:      DATE OF INSPECTION:/         ANNIVERSARY DATE:	'PE:      DATE OF INSPECTION:/         ANNIVERSARY DATE:          INUAL SAFETY CERTIFICATES SHOULD BE ISSUED       YESNO         INTINGENT ON STATE ACCEPTANCE OF ALARM COMPANY REPORT IF REQUIRED       YESNO         INSEED ANNUAL OR FIVE (5) YEAR TEST: (LOAD TEST IF REQUIRED)       YESNO         EVATOR HAS FIREFIGHTERS OPERATION: PHASE 1OR PHASE 2       YESNO         REFIGHTERS EMER. OPER. WITH SMOKE DETECTORS TEST: Tested & Passed (Witnessed)	LOCATION ADDRESS:				
ANNIVERSARY DATE:	ANNIVERSARY DATE:	LOCATION CITY:	STATE:	ZIP: _		
ANNUAL SAFETY CERTIFICATES SHOULD BE ISSUED CONTINGENT ON STATE ACCEPTANCE OF ALARM COMPANY REPORT IF REQUIRED       YES         PASSED ANNUAL OR FIVE (5) YEAR TEST: (LOAD TEST IF REQUIRED)       YES         ELEVATOR HAS FIREFIGHTERS OPERATION: PHASE 1OR PHASE 2       YES         FIREFIGHTERS EMER. OPER. WITH SMOKE DETECTORS TEST: Tested & Passed (Witnessed)	INUAL SAFETY CERTIFICATES SHOULD BE ISSUED       YESNO         INTINGENT ON STATE ACCEPTANCE OF ALARM COMPANY REPORT IF REQUIRED       YESNO         INUAL OR FIVE (5) YEAR TEST: (LOAD TEST IF REQUIRED)       YESNO         EVATOR HAS FIREFIGHTERS OPERATION: PHASE 1OR PHASE 2       YESNO         REFIGHTERS EMER. OPER. WITH SMOKE DETECTORS TEST: Tested & Passed (Witnessed)       Or Alarm Co. Report Attached         SPECTOR:	TYPE:	DATE OF INSPECTION:	/	/	
CONTINGENT ON STATE ACCEPTANCE OF ALARM COMPANY REPORT IF REQUIRED       The provide the second	ONTINGENT ON STATE ACCEPTANCE OF ALARM COMPANY REPORT IF REQUIRED  SSED ANNUAL OR FIVE (5) YEAR TEST: (LOAD TEST IF REQUIRED)  EVATOR HAS FIREFIGHTERS OPERATION: PHASE 1OR PHASE 2  YESNO_ REFIGHTERS EMER. OPER. WITH SMOKE DETECTORS TEST: Tested & Passed (Witnessed) Or Alarm Co. Report Attached SPECTOR:		ANNIVERSARY DATE:			
ELEVATOR HAS FIREFIGHTERS OPERATION: PHASE 1OR PHASE 2 YES FIREFIGHTERS EMER. OPER. WITH SMOKE DETECTORS TEST: Tested & Passed (Witnessed)	EVATOR HAS FIREFIGHTERS OPERATION: PHASE 1OR PHASE 2       YESNO _         REFIGHTERS EMER. OPER. WITH SMOKE DETECTORS TEST: Tested & Passed (Witnessed)       Or Alarm Co. Report Attached         SPECTOR:			YES	NO _	
FIREFIGHTERS EMER. OPER. WITH SMOKE DETECTORS TEST: Tested & Passed (Witnessed)	REFIGHTERS EMER. OPER. WITH SMOKE DETECTORS TEST: Tested & Passed (Witnessed) Or Alarm Co. Report Attached SPECTOR: H INSPECTOR LICENSE #COMPANY #	PASSED ANNUAL OR FIVE (5) YEAR TEST: (LO	AD TEST IF REQUIRED)	YES	NO—	
	Or Alarm Co. Report Attached SPECTOR: H INSPECTOR LICENSE #COMPANY #	ELEVATOR HAS FIREFIGHTERS OPERATION:	PHASE 1OR PHASE 2	YES	NO	
Or Alarm Co. Report Attached	SPECTOR:	FIREFIGHTERS EMER. OPER. WITH SMOKE DE	TECTORS TEST: Tested & Passed (Wi	itnessed)		
	I INSPECTOR LICENSE #COMPANY #		Or Alarm Co. Repo	ort Attached		
INSPECTOR:		INSPECTOR:				
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LIST ALL CODE VIOLATIONS BY CODE RILLE NUMBER:		LIST ALL CODE VIOLATIONS BY CODE F	RULE NUMBER.			
OTHER RECOMMENDATIONS:	THER RECOMMENDATIONS:	OTHER RECOMMENDATIONS:				

Elevator Inspection Report Form