

State of Florida
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
Division of Hotels and Restaurants • Bureau of Elevator Safety
Northwood Centre, 1940 North Monroe Street, Tallahassee, FL 32399-1013
Ph: 850-487-1395 • www.MyFloridaLicense.com/dbpr/hr/ • Fax: 850-922-6208

ELEVATOR INSPECTION REPORT

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	11
8	8	12
9	9	13

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

TYPE OF INSPECTION	
<input type="checkbox"/>	Routine
<input type="checkbox"/>	Alteration Acceptance
<input type="checkbox"/>	Callback
<input type="checkbox"/>	Construction
<input type="checkbox"/>	Initial Acceptance
<input type="checkbox"/>	Temporary Operating Inspection
DBPR USE ONLY	
<input type="checkbox"/>	Accident
<input type="checkbox"/>	Complaint
<input type="checkbox"/>	Compliance Monitoring
<input type="checkbox"/>	Industry Oversight/Audit

TIME IN
TIME OUT

Building Name	
Building Address	
City	Zip Code

DEFINITIONS
 CEI - FL Certified Elevator Inspector
 CET - FL Certified Elevator Technician
 REC - FL Registered Elevator Company

SERIAL NUMBER					
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

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, PLEASE GO TO THE INTERNET AT: www.MyFloridaLicense.com/dbpr/hr/

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	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9
A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J

COMMENTS	

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	Title
Print Name	Phone Number

CERTIFIED ELEVATOR INSPECTOR																						
I certify that I have personally performed or witnessed:																						
<input type="checkbox"/>	Routine inspection																					
<input type="checkbox"/>	Periodic tests as prescribed by ASME A17.1																					
<input type="checkbox"/>	Acceptance inspection of new or altered installation as recommended by the ASME A17.2 Inspectors Manual																					
<input type="checkbox"/>	Violations cited on the previous inspection report have been corrected.																					
<input type="checkbox"/>	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																					
<table border="1"> <tr><th colspan="2">This device</th></tr> <tr><td><input type="checkbox"/></td><td>Complies With</td></tr> <tr><td><input type="checkbox"/></td><td>Does Not Comply With</td></tr> <tr><td><input type="checkbox"/></td><td>Is Exempt From</td></tr> <tr><td colspan="2">Section 399.15, Florida Statutes: Regional emergency elevator access/fire key requirements.</td></tr> <tr><td colspan="2">AND</td></tr> <tr><td><input type="checkbox"/></td><td>Complies With</td></tr> <tr><td><input type="checkbox"/></td><td>Does Not Comply With</td></tr> <tr><td><input type="checkbox"/></td><td>Is Exempt From</td></tr> <tr><td colspan="2">Section 553.509, Florida Statutes: Alternate power requirements.</td></tr> </table>			This device		<input type="checkbox"/>	Complies With	<input type="checkbox"/>	Does Not Comply With	<input type="checkbox"/>	Is Exempt From	Section 399.15, Florida Statutes: Regional emergency elevator access/fire key requirements.		AND		<input type="checkbox"/>	Complies With	<input type="checkbox"/>	Does Not Comply With	<input type="checkbox"/>	Is Exempt From	Section 553.509, Florida Statutes: Alternate power requirements.	
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NOTICE TO CERTIFIED ELEVATOR INSPECTOR Completed inspection report must be returned to the Bureau of Elevator Safety within five (5) working days of inspection.



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NOTICE

TEMPORARY OPERATING PERMIT

This elevator is approved for temporary use for:
(Inspector must mark one)

- Construction personnel, tools and materials only
- Public use (Must comply with A.S.M.E. A17.1, Part 2 or 3)

EXPIRES: _____ (not to exceed 30 days from inspection date)

I attest that on this date, all tests required by Section 399.03(10)(a), Florida Statutes, were completed and witnessed by me and that all safety devices, doorlocks, door circuit and safety circuits are installed and properly functioning. In addition, all requirements of Section 5.10, A.S.M.E. A17.1 have been met.

_____ Certified Elevator Inspector	_____ CEI Number
_____ Certified Elevator Inspector Phone #	_____ CEI Expiration Date
_____ Date of Inspection	_____ Elevator Serial Number

This temporary operating permit is valid for 30 days from the date above. Operating this conveyance after 30 days without a new inspection is a violation of Chapter 399, Florida Statutes, punishable by a fine of up to \$1,000 per violation.

NOTE TO INSPECTOR:
 All tests, door locks, door circuit and safety circuits must be checked and safety device checks must be repeated for each temporary operation permit issued.



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FLORIDA TEMPORARY CERTIFICATE OF OPERATION

**THIS IS PUBLIC NOTIFICATION THAT
 THE CONVEYANCE LOCATED AT:**

Location Address	Building Name/Elevator Location
	Building Address
	City/State/Zip Code

**WAS INSPECTED BY A FLORIDA STATE
 CERTIFIED ELEVATOR INSPECTOR ON**

_____ Inspection Date

FOLD HERE
FOLD HERE

NOTICE TO ELEVATOR OWNER
Successfully passing an initial inspection authorizes use of a copy of this form as a temporary certificate of operation until receipt of the original certificate of operation issued by the Department of Business and Professional Regulation or for a maximum of sixty (60) days, whichever occurs first.

The elevator owner is responsible for the safe operation of this conveyance and continued compliance with all Florida laws governing the elevator bearing the below serial number as a(n):

TYPE OF CONVEYENCE:	_____
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Serial Number	Landings	Certified Elevator Inspector and CEI #
Capacity (Lbs.)	Expiration Date	Certified Elevator Inspector Phone #



**NO SMOKING
 NO FUMAR**

SECTION 823.12, F.S., SMOKING IN ELEVATORS UNLAWFUL-IT IS UNLAWFUL FOR ANY PERSON TO POSSESS ANY IGNITED TOBACCO PRODUCT OR OTHER IGNITED SUBSTANCE WHILE PRESENT IN AN ELEVATOR. ANY PERSON WHO VIOLATES THIS SECTION IS GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, S. 775.084.