

**Department of Business and Professional Regulation
Division of Hotels and Restaurants
Bureau of Elevator Safety**

Instructions for Completing the Elevator Inspection Report

Mail original report to the Bureau of Elevator Safety when complete

DO NOT FOLD THE INSPECTION REPORT, MAIL FLAT IN A 9 x 12 ENVELOPE

- In all sections, write the number on the top line under each section and underneath completely blacken the circle with the matching number. Be sure to blacken at least one circle in each column.
- Inspection date is the actual date that you perform the inspection type listed in section 4.
- Inspector number is your CEI number (CEI #) assigned by the division. You should also enter your CEI number next to your signature in section 9.
- We will accept only one inspection type per inspection form. Use a separate form for each type of inspection. Enter inspection start and stop times. Do not complete any inspections listed under "DBPR Use Only."
- Building Name and Building Street Address is the elevator physical location.
- The Serial Number (license) is the number assigned to each specific elevator.
- Assigned Violation Codes denote violations. Complete the violation section by writing in the code number for the violation under each particular column and blacken the matching circle.
- Please write in clarifying comments regarding the inspection, tests, or condition of the elevator, including code reference.
- An inspector certification (CEI#) is required on each inspection report. No certification of operation shall be issued until the bureau receives an inspection report citing no violations within 5 days. When you sign this form and insert your (CEI#), you attest, that you have in fact performed the inspection or witnessed the test.
- Report status of emergency access/fire key compliance.
- Fill-in the bubble to indicate if the elevator passed or failed the inspection. If there are violations, you must mark "Fail".
- Obtain both a printed name and the signature of the person receiving a copy of this inspection report. Include a title and a telephone number.

DBPR Form HR 5023-003 (May 2016)

Page ____ of ____

ELEVATOR INSPECTION REPORT

State of Florida

Inspection Company Name: _____ REC #: _____

Building Name: _____

Building Address: _____

City: _____ Zip Code: _____

TYPE OF INSPECTION

Routine
 Alteration Acceptance
 Callback
 Construction
 Initial Acceptance
 Temporary Operating Inspection

DBPR USE ONLY

Accident
 Complaint
 Compliance Monitoring
 Industry Oversight/Audit

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.
 Signature: _____ CEI#: _____ CET#: _____
 Print Name: _____ Phone Number: _____

VIOLATIONS
 FOR VIOLATION CODES, PLEASE GO TO: www.myfloridalicense.com/dbpr/hr/elevators.html

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

COMMENTS AND BRIEF DESCRIPTION WITH CODE CITATION

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
 Section 399.15, Florida Statutes:
 Regional emergency elevator access/fire key requirements.

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 90 days in accordance with s. 399.105(4), Florida Statutes.

Signature: _____ Title: _____
 Print Name: _____ Phone Number: _____

PLEASE DO NOT WRITE BELOW THIS LINE

NOTICE TO CERTIFIED ELEVATOR INSPECTOR
 Completed inspection report must be submitted to the Bureau of Elevator Safety within five (5) working days of inspection.