

STEP BY STEP INSTRUCTIONS FOR COMPLETING THE ELEVATOR INSPECTION REPORT

These instructions provide user information by category for completing the written and bubbled portions of DBPR Form HR 5023-003, Elevator Inspection Report. Begin in the upper left corner of the inspection report.

GENERAL INSTRUCTIONS

- Each circle with a number or letter represents a “bubble”.
- All columns under boxes must be bubbled in completely using black pen. Failure to mark all boxes will result in the forms being returned.
- All data fields must be completely legible. We will return illegible forms.
- Avoid stray marks in the bubble areas, especially in the violation section. These marks will be scanned as violations.
- Do not fold the form.
- Mail in an 8 X 10 or larger envelope.
- Do not staple the forms.
- Avoid using liquid White Out as it does not cover the marks sufficiently and tends to glue pages together. White Out tapes works best.
- Avoid spills and liquids, or handling the forms with greasy hands that leave marks and may cause the scanner to create incorrect entries.

Step 1

INSPECTION DATE

Please complete one bubble for each vertical column.

Month – Fill in the two-digit month number in the spaces provided. Complete the first bubble “0” for months 1-9 or “1” for months 10-12. Complete the second bubble as appropriate. Example: For July, please fill in “07” in the 2 bubbles under Month.

Day – Fill in the two-digit day number in the spaces provided. In the first bubble, complete the “0” for days 1-9, “1” for days 10-19, “2” for days 20-29 or “3” for days 30-31. Complete the second bubble as appropriate.

Year – Fill in the current two-digit year number in the spaces provided.

INSPECTION DATE				
Month	Day	Year		
0	0	0	0	14
1	1	1	1	15
2	2	2	2	16
3	3	3	3	17
4	4	4	4	18
5	5	5	5	19
6	6	6	6	20
7	7	7	7	21
8	8	8	8	22
9	9	9	9	13

Step 2

CERTIFIED ELEVATOR INSPECTOR NUMBER

Please complete one bubble for each vertical column.

Fill in the four-digit CEI number in the spaces provided. Current CEI numbers consist of three digits with a leading zero. Complete the bubble “0” for the lead digit. Then, complete bubbles “0-9” for the first, second and third digits. For example, enter CEI # 1 as “0001”, CEI # 10 as “0010”, CEI # 100 as “0100”, etc.

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

Step 3

TYPE OF INSPECTION

Please mark only one bubble.

Routine – Complete this bubble only if you perform a full annual inspection. You must leave a copy of the inspection report and metal tags for all tests in machine room. You may also leave elevator inspection tags as a courtesy.

Alteration Acceptance – Complete this bubble only if the alteration is complete and the device passes all required tests. Violations are NOT allowed for this type of inspection. If you find violations, the inspection must be marked as Construction. You should never submit a callback inspection on an Alteration Acceptance inspection.

Callback – Complete this bubble only when you perform an inspection to clear violations cited on a Routine inspection. You may not use this type as a follow-up on initial acceptance or alteration acceptance inspections. Provide in writing the specific violation(s) corrected in the comments section.

Construction – Complete this bubble only when you perform an alteration acceptance or initial acceptance inspection and find violations. The Bureau of Elevator Safety uses completion of the inspection report to record the visit, but will not clear or pass the permit with this type of inspection.

Initial Acceptance – Complete this bubble only for NEW elevators with a Temporary Operating Certificate. Violations are NOT allowed for this type of inspection. If you find violations, the inspection must be marked as Construction. You should never submit a callback inspection on an Initial Acceptance inspection. The superintendent of construction must sign this type of inspection (see step 7) or it will be returned as incomplete. Installation must be complete with all tests completed successfully, metal tags affixed, all alarms connected and functioning, and no further work needed.

Temporary Operating Inspection – Complete this bubble only for new installations or alterations that are not ready for final inspection. This type allows the device to be used by construction personnel only, provided all requirements in Section 399.03(10)(a), Florida Statutes, are met. Temporary operating inspections (TOIs) are only valid for 30 days. You must perform and witness all required tests BEFORE issuing a temporary permit and recheck all items on every subsequent TOI. You must post a current inspection in the car at all times. Failure to post the form inside the car will result in immediate sealing of the unit and possible administrative action against the installing company.

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

Step 4 TIME IN / TIME OUT

For TIME IN, enter the time you start the inspection in 24-hour (military) time (after 1:00PM +12 = 13:00). For TIME OUT, enter the time you complete the inspection in 24-hour time increments.

TIME IN
TIME OUT

Step 5 INSPECTION COMPANY INFORMATION AND BUILDING ADDRESS

TIME OUT	Inspection Company Name	REC #
Building Name		
Building Address		
City	Zip Code	

Write in the name of the inspection company and registered elevator company license number. If the inspector is not affiliated with a company, enter the inspector name as listed on the certified elevator inspector license.

Complete the actual location address. Write the building name in the space provided. Complete the building address and include the:

- Street address, not an intersection or generic location,
- Building number and/or letter (Condo D, etc),
- Street name, no abbreviations
- Street suffix (Ave, St., Rd, etc.), and,
- Street direction indicator (N, W, E, S, NW, etc.)
- City, State, Zip Code

If the name or address on the certificate of operation differs from the current name or address, have the owner contact the Bureau of Elevator Safety in writing. The bureau does not update addresses solely from the inspection reports.

Step 6 SERIAL NUMBER

Please complete one bubble for each vertical column.

The serial number is the same as the license number on the certificate of operation. Serial numbers currently require a six digit entry and older units require a leading zero. For example, serial # 123 should be entered as "000123".

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

Step 7 SUPERVISOR OF CONSTRUCTION

SUPERVISOR OF CONSTRUCTION		
I certify that as the elevator company supervisor, I directly supervised the construction or installation of this elevator. <small>Or see attached elevator installation affidavit.</small>		
Signature	CEI #	CET#
Print Name	Phone Number	

Attestation that the installation was supervised must be completed for initial acceptance inspections (see step 3). The superintendent of construction must sign this type of inspection or it will be returned as incomplete. Installation must be complete with all tests completed successfully, metal tags affixed, all alarms connected and functioning, and no further work needed.

Step 8 VIOLATION 1 through VIOLATION 9

Write the violation code in the space provided. This is an alphanumeric entry provided in the codes available from the Bureau of Elevator Safety. Complete the bubble E-O for the first character. Complete the bubbles 0-9 for the second, third and fourth digits.

VIOLATION 1			
E	0	0	0
H	1	1	1
S	2	2	2
M	3	3	3
O	4	4	4
	5	5	5
	6	6	6
	7	7	7
	8	8	8
	9	9	9

Step 9 COMMENTS

Write a brief description in the comment section and cite a specific code reference related to the inspection, violations, tests, pressure, etc., as needed.

Step 10 PASS/FAIL

If there are any violations cited, check the "fail" box to indicate to the owner that this inspection failed and the violations must be corrected. If there are no violations, mark the "pass" box.

<input type="checkbox"/>	Pass
<input type="checkbox"/>	Fail

Step 11 PERSON RECEIVING THIS REPORT

Obtain a signature, title, print name, and telephone number from a building representative. Leave a copy of the completed inspection report with the owner or owner's agent. Section 399.049(1)(c), Florida Statutes –

Failure by a certified elevator inspector to provide the department and the certificate of operation holder with a copy of the inspection report within 5 days after the date of any inspection performed after the initial certificate of operation is issued.

Step 12 CERTIFIED ELEVATOR INSPECTOR

CERTIFIED ELEVATOR INSPECTOR		
I certify that I have personally performed or witnessed:		
<input type="checkbox"/> Routine inspection	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.	
<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	

Complete the appropriate bubbles to attest that the CEI has personally performed or witnessed one or more of the actions described. The CEI must sign the form and print the name, CEI # and/or registered elevator company (REC) number and telephone number.

Complete one bubble for Emergency Fire Key that states that the device complies, does not comply, or is exempt from this requirement.

Reverse Side of the Form



State of Florida
 Department of Business and Professional Regulation
 Division of Hotels and Restaurants
 Bureau of Elevator Safety
 www.MyFloridaLicense.com/dbpr/hrf

NOTICE

TEMPORARY OPERATING PERMIT

This elevator is approved for temporary use for:
(Inspector must check box and sign)

Construction personnel, tools and materials only

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.

FOLD HERE

Certified Elevator Inspector	CEI Number
Certified Elevator Inspector Phone #	CEI Expiration Date
Date of Inspection	Elevator License 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.

DBPR Form HR 5023-005

Rule 61C

TEMPORARY OPERATING PERMIT (TOP)

- Use the left side of the form for **Temporary Operation Permit ONLY**.
- Check if the device will be used for construction use only. The device must meet all requirements of Section 5.10, ASME A17.1, including completed and witnessed tests required by Section 399.03(10)(a), F.S. In addition, attest that all safety devices, door locks, door circuit and safety circuits are installed and properly functioning.
- Fill in the expiration date, which will be 30 days from the date of inspection.
- Complete the signature and inspector information section.
- Ensure all required tests have been performed, witnessed, metal tags affixed, and all required operating and safety systems are functioning before issuing a Temporary Operating Permit.

TEMPORARY CERTIFICATE OF OPERATION (TCO)

- Use the right side for **NEW installations ONLY!**
- The form is for **Temporary Use ONLY** until the owner receives the Certificate of Operation. *This is not an annual certificate of operation and it does not change the renewal date.*
- Make sure the Bureau of Elevator Safety has the correct mailing address to ensure delivery of the certificate.
- Complete the location information box as noted. If the address noted on the permit is no longer correct, please correct and inform the Bureau when submitting the inspection report.
- Fill in the inspection date in the center area as marked.
- Complete the type of conveyance in the area provided.
- Complete the elevator and inspector information section completely.
- Post in the car in the certificate frame and instruct the building owner/manager to replace it with the certificate once it is received.
- **DO NOT USE** this form for elevators that are already turned over and may be delinquent. The Bureau of Elevator Safety considers such use as falsification of records. Using the form in this way will subject you to administrative action up to and including revocation of your Certified Elevator Inspector certification.



State of Florida
 Department of Business and Professional Regulation
 Division of Hotels and Restaurants
 Bureau of Elevator Safety
 www.MyFloridaLicense.com/dbpr/hrf

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 _____

NOTICE TO ELEVATOR OWNER

Successfully passing an initial acceptance 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. You must apply for a certificate of operation within 30 days of taking possession of the building.

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 license number as a(n):

TYPE OF CONVEYANCE: _____

License 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.

Tips for Marking the Report “Bubbles”


You must complete inspection forms in their entirety, with clear, full marks indicated with a black pen (please, no felt tip markers). In addition, we prohibit staples and paper clips since they interfere with proper scanning. Photocopies, incomplete forms, torn or mutilated forms, or forms that do not scan because they were improperly printed by another vendor may be returned to the inspector for resubmittal on the original form, which will in turn delay prompt posting of inspection data.

Example of proper marking:

SERIAL NUMBER				
4	0	7	8	3
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9		
<input type="radio"/> 8	<input type="radio"/> 9			
<input type="radio"/> 9				

Right
Marks completely fill in bubbles

Examples of improper marking:

<p>TYPE OF INSPECTION</p> <p><input checked="" type="checkbox"/> 1 - Inspection</p> <p><input type="checkbox"/> 3 - Callback</p> <p>Wrong Checkmarks and "X"s do not fill in the bubble</p>	 <p>Wrong Marks are too large and bleed into next bubble</p>	<p>INSPECTION DATE</p> <p>Month Day Year</p> <p><input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0</p> <p><input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 04</p> <p><input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 04</p> <p><input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 04</p> <p><input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 04</p> <p><input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 04</p> <p><input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 04</p> <p><input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 04</p> <p><input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 04</p> <p><input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 04</p> <p>Wrong Inspection date incomplete – missing day & handwritten date</p>	<p>SERIAL NUMBER</p> <p>05 16 02</p> <p><input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0</p> <p><input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1</p> <p><input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2</p> <p><input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3</p> <p><input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4</p> <p><input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5</p> <p><input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6</p> <p><input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7</p> <p><input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8</p> <p><input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9</p> <p>Wrong Marks do not fill in the middle portion of the bubbles</p>	<p>SERIAL NUMBER</p> <p>2 2 9 9 8</p> <p><input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0</p> <p><input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1</p> <p><input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2</p> <p><input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3</p> <p><input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4</p> <p><input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5</p> <p><input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6</p> <p><input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7</p> <p><input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8</p> <p><input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9</p> <p>Wrong Marks too light and purple pen used</p>	<p>SERIAL NUMBER</p> <p><input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0</p> <p><input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1</p> <p><input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2</p> <p><input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3</p> <p><input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4</p> <p><input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5</p> <p><input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6</p> <p><input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7</p> <p><input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8</p> <p><input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9</p> <p>Wrong Marks too small and no handwritten numbers in blanks</p>
<p>TYPE OF INSPECTION</p> <p><input checked="" type="checkbox"/> 1 - Inspection</p> <p><input checked="" type="checkbox"/> 2 - Initial</p> <p><input type="checkbox"/> 3 - Callback</p> <p><input type="checkbox"/> 4 - Construction</p> <p><input type="checkbox"/> 5 - Complaint</p> <p><input type="checkbox"/> 6 - Alteration</p> <p><input type="checkbox"/> 7 - Monitoring</p> <p><input type="checkbox"/> 8 - TOP (Temporary Operating Permit)</p> <p><input type="checkbox"/> 9 - Accident</p> <p>Wrong Multiple marks in field that only allows one response</p>					