GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
THIRD-PARTY ELEVATOR INSPECTION REPORT

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Building Address_____ **Management Co. Name**_____
Building Name_____ **Contact Person**_____
Date of Inspection_____ **Contact Phone**_____
Elevator Company_____ **MIC**_____ **Inspection Type**_____
Category V Test Date_____ **Code and Year**_____
Third Party Company_____ **Alteration Code and Year**_____
Inspected By (Printed)_____ **QEI Number**_____ **Certifying Company**_____
Signature_____ **Time In**_____**AM-PM** **Time Out**_____**AM-PM**

ID# / Type	/	/	/	/	/	/
Capacity / Speed	/	/	/	/	/	/
Landings Exposed Steps						
DCRA Certificate # Permit#						
Switch / Trip Work / Relief	/	/	/	/	/	/
CWT Switch / Trip	/	/	/	/	/	/
Pull Thru / Pull Out / Slide	/ /	/ /	/ /	/ /	/ /	/ /
CWT Pull Thru / Pull Out /Slide	/ /	/ /	/ /	/ /	/ /	/ /
Door Force / Zone Dist / Time	/ /	/ /	/ /	/ /	/ /	/ /
Rear Force / Zone Dist / Time	/ /	/ /	/ /	/ /	/ /	/ /
Ascending Car / Unintended	/	/	/	/	/	/
Overspeed Valve Speed / Date	/	/	/	/	/	/
Plunger Gripper Speed / Date	/	/	/	/	/	/
Esc Comb Force / Brake Torque	/	/	/	/	/	/
Fire Service compliant?						
Emergency Power compliant?						

Identify all deficiencies with applicable code and rule number.

Item #	Code Edition and Rule in Violation	Description of the Violation	Re-Inspection date

DCRA use only
Rev 1.0 9/12

Accepted_____Rejected_____

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Building Address:

Identify all deficiencies with applicable code and rule number.

Item #	Code Edition and Rule in Violation	Description of the Violation	Re-Inspection date

GENERAL NOTES:

(a) All inspections shall be performed using ASME A17.1, A18.1, A117.1, B20.1, or A90.1 for code year at time of installation or alteration as well as 12 DCMR and appropriate building codes.
(b) See ASME A17.2 for detailed inspection information.
(c) Escalator comb/ brake force (right, left, center, horizontal, and vertical) and elevator governor pull through/ pullout shall be detailed in commentary and include calibration information on dynamometer and torque wrench.
(d) All tests or inspections performed or not performed shall be documented in data table or commentary area.
(e) Any violations cited shall be corrected within 30 days of notice.

Re-inspection for conveyance #	**Re-inspection Date**
Item # Corrected	**Name (print)**
Item # Not Corrected	**Sign**
Original report date	**QEI#** **Certifying Co.**

Conveyance types:
Elevator passenger- **P**, Elevator Freight- **FA**; **FB**; **FC1**; **FC2**; **FC3**, Elevator limited use limited application- **LULA**, Elevator Residential- **Res**, Escalator- **Esc**, Moving Walk- **MW**, Cartveyor- **Cart**, Platform/ Handicap Lift- **Plat**, Belted Manlift- **Man**, Dumbwaiter- **DW**, Material Lift- **ML,** Hydraulic- **H**, Traction- **T**, Roped Hydraulic- **RH**, Winding Drum-**D,** Roller Chain-**RC**.

Inspection types:
Periodic- **Per**, Annual no load- **Cat I**, Five year full load- **Cat V**, Final Acceptance- **FA**, Firefighters service- **FS**, Generator- **Gen**.