

## Elevator/Conveyance Inspection Report

DATE INSPECTED	CERT. EXP DATE	CERT POSTED YES [ ] NO [ ]	ALE # (6 digit number)	PERMIT NUMBER	TEMP. CERT. of OPERATION YES [ ] NO [ ]
OWNER NAME			NATURE OF BUSINESS		SERIAL NUMBER
OWNER STREET ADDRESS AND P.O.BOX			OWNER CITY	OWNER STATE	OWNER ZIP
LOCATION NAME			SPECIFIC LOC IN BLDG	OBJECT LOCATION COUNTY	
LOCATION ADDRESS			LOC CITY	LOC STATE <b>ALABAMA</b>	LOC ZIP
MANUFACTURER		SPEED (fpm)	RISE	OPENINGS	CAPACITY
EQUIPMENT TYPE					
Passenger [ ] Escalator [ ] Freight [ ] Material Lift [ ] Residential [ ] Moving Walk [ ] Platform Lifts [ ] Stairway Chair Lifts [ ] LU/LA [ ] Other [ ] (explain) _____					
Special Billing Instructions:					
Send Invoice to: Owner [ ] Location [ ]			Contact Name _____		
Send Certificate to Owner [ ] Location [ ]			Phone Number _____		

Does residential elevator comply with the 3 x 5 inch rule? \_\_\_\_\_

Mechanic who installed/altered equipment (AL license #) \_\_\_\_\_ Adjuster (AL license #) \_\_\_\_\_

Signature of Inspector	Inspector License #	Company Name	Person contacted and phone number
I certify this is a true and correct report of my inspection.			

Neither this inspection nor any provision of this inspection shall be construed to place any liability on the state of Alabama, the Inspection Agency/Company or the Inspector with respect to any claim by any person, firm, or corporation relating in any way whatsoever to elevator/conveyance Inspections and injury or damage arising there from.

Revised 9/11