



ELEVATOR INSPECTION SUMMARY FORM

Department of Building Inspection

P.O. Box 40

Chesterfield, VA 23832

BUILDING NAME: _____

ADDRESS: _____

EQUIPMENT: _____

List below the violations cited and time frame to correct these violations. Please indicate with an asterisk (*) by any violation which should cause the immediate discontinuance of use of the equipment.

Name and certification number of the elevator mechanic performing the tests witnessed by the third party inspector or agency.

(Mechanic's name)

(Mechanic's QEI or DHCD certification number)

I certify that the listed equipment is approved or (can/cannot) be operated until the listed corrections have been completed.

(Third Party Inspector's Signature)

(QEI or DHCD certification number)

(Date)