



# Regulated Object Inspection Report

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m), Stats.]

<b>Owner and/or Billing Contact Info:</b>		<b>Object Location:</b>		Investigation ID:		Regulated Object ID							
Name:		Site:		Date Inspected:		Inspect Fee: None							
Address:		Address:		PTO Fee: \$35.00		Special:							
City:		City		<input type="checkbox"/> Issue PTO		<input type="checkbox"/> PTO on hold							
State/Zip:		State/Zip:		<input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Re-inspection									
Phone:		County:											
		Location On Property:											
<b>Regulated Object Information</b>				<b>Attributes</b>									
<b>WI Registration Tag Number:</b>				Use: Passenger		Rated Load (lbs):							
Family: Elevators				Manufacture:		Speed (fpm) Up:      Down:							
Type: Escalator				Type of Drive Unit: Chain (Electric)		Direction of travel: Up <input type="checkbox"/> Down: <input type="checkbox"/>							
Last Investigation:      Cycle: 1 yr.				Size of Chain:		Step/Skirt Index:							
PTO Expiration:      Next:				Loaded Gap:      (A17.1 2000 & later)		Left: step 1      step 2							
History:						Right: step 1      step 2							
<u>Contract Date</u>		<u>Comm. 18 / IND. 4</u>		<u>ASME</u>		<u>NEC</u>							
		<u>NFPA 13 – 13 R</u>		<u>NFPA 72 –72 E</u>		<u>Description of Work</u>							
Inspector Name:				Employed by:		Onsite Contact:							
e-mail						Contact's Phone:							
Wisconsin Credential Number:						Contact's Email:							
I certify this is a true and accurate report of my inspection.				Phone:		Fax:							
Signature:													
<b>REMARKS:</b>													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">Item No.</td> <td style="width:10%;">Code Section</td> <td style="width:85%;"> <b>Code violations listed below shall be corrected by COMPLIANCE DATE: *</b>            ▶ *See the back of this report for important compliance information regarding this <b>ORDER</b>.         </td> </tr> <tr> <td colspan="3" style="height: 300px;"> </td> </tr> </table>								Item No.	Code Section	<b>Code violations listed below shall be corrected by COMPLIANCE DATE: *</b> ▶ *See the back of this report for important compliance information regarding this <b>ORDER</b> .			
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## **Department Order**

This **DEPARTMENT ORDER** is issued as a result of an inspection conducted for the Regulated Object referenced on the front of this report. You are hereby ordered to have the listed violation(s) corrected to conform to the indicated provisions of the Wisconsin Administrative code and/or statutes. These violations must be corrected by the Compliance Date noted, and upon correction of the violations, the inspector who signed this report must be notified in writing. If you fail to comply, this order is enforceable in circuit court pursuant to s.101.02 (13), Stats., with forfeitures ranging from \$10 to \$100 per day for each violation. In addition, the Department may attach a notice of violation to the deed for the property on which the violations occur. If you have questions regarding this matter, please feel free to contact the inspector at the number provided on the front of this report.

### **Accident Reporting:**

Whenever a Boiler, Pressure Vessel, Mechanical Refrigeration, Ammonia Storage, Elevator, Escalator, Moving Walk, Dumbwaiter, and lift fails and causes injury to any person, the owner or user shall report in writing the facts involved to the department within the following 24 hours. The owner or user may not remove or disturb the object or any of its parts nor permit any such removal or disturbance prior to receiving authorization from the department, except for the purpose of saving human life or further property damage.

**Note: The department may be contacted by phone: (608) 266-3151 or TTY: (608) 264-8777 to file an accident report with the Inspection Support Section.**