



Regulated Object Inspection Report

SAFETY AND BUILDINGS DIVISION
Inspection and Safety Support Section
P. O. Box 7302
Madison, Wisconsin 53707-7302
www.commerce.state.wi.us

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

| | | | | | | | | |
|--|--------------|--|--------------|---|--|--|--|--|
| Owner and/or Billing Contact Info: | | Object Location: | | 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: | | Type of inspection: Acceptance | | | | |
| Phone: | | County: | | | | | | |
| | | Location On Property: | | | | | | |
| Regulated Object Information | | | | Attributes | | | | |
| WI Registration Tag Number: Family: Elevators Type: Elevator Last Investigation: Cycle: 1 yr. PTO Expiration: Next: History: | | | | Use: Passenger Manufacture: # of Landings: # of Car Entr: Type of Drive Unit: Direct Hydraulic Working PSI: Relief PSI: 5yr Safety/Gov. Test Date: | | Rated Load (lbs): Speed (fpm) Up: Down: Number of Ropes: Size: None Number of Chains: Size: Fire Service: Phase I Valve Sealed: Yes Annual Hydraulic Test Date: Pass | | |
| <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. | | | | | | | | |
| Signature: | | | Phone: | Fax: | | | | |
| Remarks | | | | | | Invoice: | | |
| | | | | | | | | |
| Item No. | Code Section | Code violations listed below shall be corrected by COMPLIANCE DATE: * → *See the back of this report for important compliance information regarding this ORDER. | | | | | | |
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