|  |  |  |  |
| --- | --- | --- | --- |
| **Owner and/or Billing Contact Info:**Name:      Address:      City:      State/Zip:      Phone:       | **Object Location:**Site:      Address:     City      State/Zip:      County:      Location On Property:       | Investigation ID:      | Regulated Object ID |
| Date Inspected:  | Inspect Fee: | PTO Fee: | Special:      |
| [ ]  Issue PTO | [ ]  **PTO on Hold** |
| **Type of inspection:**  |
| **Regulated Object Information** | **Attributes** |
| **WI Registration Tag Number:** Family: ElevatorsType: Last Investigation:       Cycle: PTO Expiration:       Next:      Serving Dwelling Unit: [ ]  | Use: Manufacture:      Number of Landings:     Number of Car Entrances:  Type of Drive Unit: Working PSI:       Relief PSI:      Machine Roomless Traction: [ ]  Basement Traction: [ ]  | Rated Load (lbs):      Speed (fpm) Up:      Down:     Number of Ropes:    Size: Number of Chains:    Size:      Fire Service: Valve Sealed:   |
| History**:****Contract Date** | **Comm. 18 / IND. 4** | **ASME** | **NEC** | **NFPA 13 – 13 R** | **NFPA 72 –72 E** | **Description of Work** | **Required Tests** |
| 5yr Safety/Gov. Test Date:       |
| Annual Hydraulic Test Date:        |
| Category 1 Test Date:       |
| Category 5 Test Date:       |
| Inspector Name:      e-mail :      Wisconsin Credential Number:      **I certify this is a true and accurate report of my inspection.**Signature:  | Employed by:                         | Onsite Contact:      |
| Contact’s Phone:      |
| Contact’s Email:      |
| Phone:       | Fax:       |
| **Remarks**  |
| 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.** |
|    |       |       |

**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 an elevator or other installation covered by this chapter causes injury to

any person, the owner or person in control of the elevator shall notify the department

within 48 hours of the accident. The report shall include the date and time of the

accident, the location of the elevator or device involved in the accident and

description of the accident.

**Note: The department may be contacted at phone: (608) 266-2112 during**

**normal business hours. The State Division of Emergency Management can be**

**contacted at (800) 943-0003 during non-business hours.**