

STATE OF WISCONSIN

Department of Safety and Professional Services Elevator Safety Program 141 NW Barstow Street, 4th Floor. Waukesha WI 53188

New (Acceptance) Commercial Stairway Chairlift Inspection Checklist

This completed checklist (meeting A17.1, 8.10.1.1.5) and applicable test reports are to be included with the acceptance test records required by A17.1, 8.6.1.4.1(d) and are to be permanently available and located as required by SPS 318.1708(2)(b) 4.

Date:	Regulated Object	et ID no:	Project Descript	tion:				
Inspector Name:			WI license no:		Exp. Date:	(also QEI certified)		
Elev. Contractor Name:								
Elevator or Lift Mecl	n. Name:		WI license no:		Exp. Date:	[Stat. 101.984(1), SPS 305.9905]		
Permit application form, approved plans and conditional approval letter visible upon arrival Application form, plans and conditional approval letter checked for unique conditions								
Rated load (lbs)		Rated speed up (actual, fpm)		Rated / Oper spe	eed down (actual, fpm)			

F	NA	A18.1, 4.1.1, 362.1009,	SUBJECT	Р	F	NA	CODE
		362.1009,					
		,					
		SPS 318.1804					
		A18.1, 4.3.5					
		A18.1, 4.6					
		A18.1, 4.6.3	Documentation				
		A18.1, 4.6.4	Green object ID no. tag applied by inspector				
		A18.1, 4.7.1	Accident reporting tag applied by inspector				
		A18.1, 4.7.1	Operation and maintenance instructions				A18.1, 11
		A18.1, 4.7.3, 4	Maintenance control program				A18.1, 11.1
		A18.1, 4.8					
		A18.1, 4.8.3					
		A18.1, 4.8.3.1					
		A18.1, 4.9					
		A18.1, 4.11					
			A18.1, 4.6.3 A18.1, 4.6.4 A18.1, 4.7.1 A18.1, 4.7.1 A18.1, 4.7.3, 4 A18.1, 4.8.3 A18.1, 4.8.3 A18.1, 4.8.3.1 A18.1, 4.9	A18.1, 4.6.3 Documentation	A18.1, 4.6.3 Documentation	A18.1, 4.6.3 Documentation	A18.1, 4.6.3 Documentation A18.1, 4.6.4 Green object ID no. tag applied by inspector A18.1, 4.7.1 Accident reporting tag applied by inspector A18.1, 4.7.1 Operation and maintenance instructions A18.1, 4.7.3, 4 Maintenance control program A18.1, 4.8 A18.1, 4.8.3 A18.1, 4.8.3.1 A18.1, 4.9