STATE #- DATA PRINTED BUT NOT DESCRIPTION
NAME/#- DATA PRINTED BUT NOT DESCRIPTION
STATUS/# -DESCRIPTION

NEBRASKA
DEPARTMENT OF LABOR

Office of Elevator Safety

5723 F Street – Omaha, NE 68117-2822 Phone: 402-595-3184 – Fax: 402- 595-1360

CONVEYANCE INSPECTION FORM

BUILDING:

BILL TO:

LAST STATE INSP.
MANUFACTURER
INSTALLED
GOV/VALVE SEAL#
SITE NOTES

TYPE
NUMBER OF LANDINGS
MODERNIZED
LAST EQUIP TEST: 1 YR
COUNTY

USE
SPEED
CAPACITY
5 YR

INSIDE CAR:
Reopening device(s) ____
Leveling at floor (+- ½") _____
Emer. Light ___ Bell ___ Phone ____

MACHINE ROOM:
Lighting sufficient ____ Vented _____
Disconnects ML/Lighting Lockable ___
Fire Extinguisher ___ Current ____
Valve/Governors Sealed ____

ESCALATORS:
Handrails Condition RH ____ LH ____
Comb Plates/Comp Step Top ___ Bot. ___

TOP OF CAR:
Stop Sw. ___ Insp. Sw._____
Light & GFCI outlet ___
HW venting ___
Safety Handrails ___
Rope Cond: Car ___ Gov. ___

FIREFIGHTERS' SERVICE:
Test Ph. I_____ Ph. II_____
Machine Room log _____

Entrance/Egress End Decks _____
Step/Skirt Clearance RH ___ LH ___

OUTSIDE HOISTWAY:
Door F#_____R#_____
Doors P.U. Assy. _____
Gibs/Retainers _____

PIT AREA:
Pit Ladder ___ Dry Pit ___
Stop Sw. (s) ___ Light ___
Pit sump/drain OK_____
Pit Equip. condition _____

Caution Signs Top __ Bot. __
Step/Upthrust Device _____

CORRECTIONS/COMMENTS

_____ Owner/Representative
_____ Date
_____ State Inspector

_____ Contact Name
_____ Phone Number
_____ EMAIL