

**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

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**SAFETY FIRE  
SAFETY ENGINEERING  
GID-297-SF JUL2012  
(same as DOL-4220)**

www.ocl.ga.gov

**ELEVATOR REPORT OF INSPECTION**

<b>Jurisdiction Number</b>	<b>Inst. Permit Number</b>	<b>Last Inspection</b>	<b>This Inspection</b>	<b>Type Of Inspection</b>	
				<input type="checkbox"/> In.Perm.-Initial	<input type="checkbox"/> In.Perm.-Spec.
<b>Insp. Passed</b>	<b>Cert. Issued</b>	<b>Type Cert.</b>	<b>Last Cert. Expires</b>	<b>This Cert. Expires</b>	<input type="checkbox"/> Reg. Operating
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Reg. <input type="checkbox"/> Temp.			<input type="checkbox"/> Semi-Annual
					<input type="checkbox"/> Temp. Operating <input type="checkbox"/> Follow-up

<b>Send Cert. to:</b>	<b>Out Of Service</b>	<b>Auth. Current</b>
<input type="checkbox"/> Own. <input type="checkbox"/> Loc. <input type="checkbox"/> Billing	<input type="checkbox"/> Yes Eff.Dte. _____	<input type="checkbox"/> Yes ID: _____
<b>Bill For:</b>	<b>Rsn.:</b>	<input type="checkbox"/> No Rsn: _____
<input type="checkbox"/> Cert. Only <input type="checkbox"/> Insp. Only		
<input type="checkbox"/> Both <input type="checkbox"/> Spec. Amt.		

<b>Assigned Inspector</b>	<b>Ins.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Canc.	<b>Ins. Co. / Policy</b>
	Canc. Eff. Date _____	

<b>Specific Location of Equipment</b>	<b>Location County</b>	<b>Type Of Business</b>

<b>Location</b>	<b>Billing</b> <input type="checkbox"/> Own. <input type="checkbox"/> Loc. <input type="checkbox"/> Billing:
Name _____	Name _____
Street _____	Street _____
Extra Addr. _____	Extra Addr. _____
City, St., Zip _____	City, St., Zip _____
Attn: _____	Attn: _____
Phone _____ Fax: _____	Phone _____ Fax: _____

<b>Owner</b>	<b>Contact Name:</b> _____
Name _____	<b>Contact Phone:</b> _____
Street _____	TYPE <input type="checkbox"/> PE <input type="checkbox"/> ES <input type="checkbox"/> FR <input type="checkbox"/> RE <input type="checkbox"/> RW <input type="checkbox"/> DW
Extra Addr. _____	<input type="checkbox"/> ML <input type="checkbox"/> WL <input type="checkbox"/> CL <input type="checkbox"/> MW <input type="checkbox"/> CE <input type="checkbox"/> BL
City, St., Zip _____	<input type="checkbox"/> Other Expl.: _____
Attn: _____	
Phone _____ Fax: _____	

<b>Serial No.</b>	<b>Manufacturer</b>	<b>Maintenance Log Reviewed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Rsn:</b> _____
<b>Speed</b>	<b>Rise</b>	<b>Openings</b>
		<b>Capacity</b>
		<b>1 Year Test</b>
		<b>5 Year Test</b>

<b>Equipment Notes</b>

<b>Conditions/Violations</b>	<b>Compliance Date:</b> _____	<b>Corrected Date:</b> _____

<b>Inspection Narration</b>

<b>Signature of Inspector</b>	<b>Signature of Person Contacted</b>
<b>Send Copy to:</b>	<input type="checkbox"/> Own. <input type="checkbox"/> Loc. <input type="checkbox"/> Billing