

INSPECTION DATE	CERTIFIED ELEVATOR INSPECTOR (CEI) #	TYPE OF INSPECTION	TIME IN	State of Florida Page <u>1</u> of <u>1</u>		SERIAL NUMBER
05/28/2025	826	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Alteration Acceptance <input type="checkbox"/> Callback <input type="checkbox"/> Construction <input type="checkbox"/> Initial Acceptance <input type="checkbox"/> Temporary Operation Inspection  <b>DBPR USE ONLY</b> <input type="checkbox"/> Accident <input type="checkbox"/> Complaint <input type="checkbox"/> Compliance Monitoring <input type="checkbox"/> Industry Oversight/Audit	TIME OUT	<b>ELEVATOR INSPECTION REPORT</b> <b>Inspection Company Name</b> REC # National Elevator Inspection Services 82		89127
			Building Name			
			Building Address			
			City		Zip Code	
			Merritt Island		32311	
			DEFINITIONS CEI – FL Certified Elevator Inspector CET – FL Certificated Elevator Technician REC – FL Registered Oversight Company		SUPERVISOR OF CONSTRUCTION	
			I certify that as the elevator company supervisor, I directly supervised the construction or installation of this elevator. Or see attached elevator Installation affidavit			
			Signature		CEI # CET #	
			Print Name		Phone Number	
<b>VIOLATIONS</b> <b>FOR VIOLATION CODES, PLEASE GO TO: <a href="http://www.myfloridalicense.com/DBPR/elevator-safety/inspections/">http://www.myfloridalicense.com/DBPR/elevator-safety/inspections/</a></b>						

VIOLATION 1	VIOLATION 2	VIOLATION 3	VIOLATION 4	VIOLATION 5	VIOLATION 6	VIOLATION 7	VIOLATION 8	VIOLATION 9

## COMMENTS AND BRIEF DISCRPTION WITH CODE CITATION

CAT5 performed - Oracle

CERTIFICATED ELEVATOR INSPECTOR		I certify that I have personally performed or witnessed:	
<input checked="" type="checkbox"/> Routine inspection <input checked="" type="checkbox"/> Periodic tests as prescribed by ASME A17.1 <input type="checkbox"/> Acceptance Inspection of new or altered installation as recommended by the ASME A17.2 Inspectors Manual	<input type="checkbox"/> Violations cited on the previous report have been corrected <input type="checkbox"/> Installation meets or exceeds minimum standards of Chapter 399, Florida Statutes, and Chapter 30 of the Florida Building Code adopted by Rule 9B-3.047, Florida Administrative Code.	This device: <input type="checkbox"/> Complies With <input type="checkbox"/> Does Not Comply With <input checked="" type="checkbox"/> Is Exempt From	Section 399.15, Florida Statutes: Regional emergency elevator access/fire key requirements.
PERSON RECEIVING THIS REPORT		Signature	
If violations are cited, this report constitutes an Order to Correct as outlined in s. 399.061(4), Florida Statutes. Violations must be corrected within 90 days in accordance with s. 399.105(4), Florida Statutes		CEI # 826 Print Name William Downing Phone Number 800-886-6347	
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail			
Signature	Title		
Print Name	Phone Number		
		<b>NOTICE TO CERTIFIED ELEVATOR INSPECTOR</b> Completed inspection report must be submitted to the Bureau of Elevator Safety within (5) working days of inspection.	