


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

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.

<p align="center">PERSON RECEIVING THIS REPORT</p> <p>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</p> <p align="right"> <input checked="checked" type="checkbox"/> Pass <input type="checkbox"/> Fail </p>		<p>Signature  CEI # 826</p> <p>Print Name William Downing Phone Number 800-886-6347</p>	
Signature	Title	<p>NOTICE TO CERTIFIED ELEVATOR INSPECTOR</p> <p>Completed inspection report must be submitted to the Bureau of Elevator Safety within (5) working days of inspection.</p>	
Print Name	Phone Number		