Work Order ID: 1133813

BOF ID:

INSPECTION DATE	CERTIFIED ELEVATOR INSPECTOR (CEI) #	TYPE OF INSPECTION	TIME IN	State of Florida		P	age1_ of1_	SERIAL NUMBER
05/28/2025	826	Routine	1	ELEV	ATOR INSPE	CTION RE	PORT	89126
		☐ Alteration Acceptance ☐ Callback ☐ Construction ☐ Initial Acceptance	TIME OUT	Inspection Company Name REC # National Elevator Inspection Services 82				
		☐ Temporary Operation Inspection	Building Name Marina Villa	-				
		DBPR USE ONLY	Building Address 550 S. Bana	s ana River Dr				
		☐ Accident☐ Complaint	City Merritt Islan	nd	Zip Code 32311			
		Compliance Monitoring	DEFINITIONS CEI – FL Certificated 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			
		☐ Industry Oversight/Audit						
VIOLATIONS					Signature		CEI#	CET#
FOR VIOLATION COL	DES, PLEASE GO TO:	http://www.myfloridalicense.com/	'DBPR/elevator-saf	ety/inspections/	Print Name		Phone Nur	nber
VIOLATION 1	VIOLATION 2	VIOLATION 3 VIO	DLATION 4	VIOLATION 5	VIOLATION 6	VIOLATION 7	VIOLATION 8	VIOLATION 9
		C	OMMENTS AND BR	RIEF DISCRIPTION W	ITH CODE CITATION			
(CAT5 performed - 0	Oracle						
	CERTIFICA	ATED ELEVATOR INSPECTOR		I cert	ify that I have personally p	erformed or witnesse	ed:	
Periodic tests as prescribed by ASME A17.1 Installation meets			n the previous report have been corre or exceeds minimum standards of Ch pter 30 of the Florida Building Code ac ninistrative Code.		hapter 399, Florida	Does Not Comply With Regional emergency		399.15, Florida Statutes: I emergency elevator ire key requirements.
		PERSON RECEIVING THIS REPORT			Signature	/ · O	CEI	
•	s report constitutes an	Order to Correct as outlined in s. 39	, ,,	tatues.	Pass	/ <u> </u>		826
Violations must be correc	ted within 90 days in a	ccordance with s. 399.105(4), Floric	da Statutes	-	Fail Print Name	William Dow		hone Number 800-886-6347
Signature		Title				I		
Print Name Phone No			Number		NOTICE TO CERTIFIED		Completed inspection report must be submitted to the Bureau of Elevator Safety within (5) working days of inspection.	