



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Conveyance Program
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Escalator/Moving Walk Inspection Report - Private Third-Party Inspector

(Revised 8/2018)

To receive a Certificate of Operation, the Conveyance Responsible Party (owner/operator) must submit this Inspection Report to the Conveyance Program via email or postal mail, and then we will email the Certificate of Operation and an invoice to pay the certificate fee to the Responsible Party Contact you list below.

Facility Information

Facility Name:	Facility ID #:	Phone #:	
Facility Address:	City:	County:	ZIP:

Responsible Party Information

Contact Name:	Company Name:		
Address:	City:	State:	ZIP:
Phone #:	Email Address:		
Responsible Party Type:	<input type="checkbox"/> Owner <input type="checkbox"/> Facility Management		

Conveyance Information

OPS Conveyance #:	CP-	Job/Contract #:	Local ID #:	
Original Code Data Plate Year:	Year Installed:	Manufacturer:		
Altered Code Data Plate Year:	Year Altered:	Maintenance Contractor:		
Conveyance Type:	<input type="checkbox"/> Escalator <input type="checkbox"/> Moving Walk		Travel Direction:	<input type="checkbox"/> Up <input type="checkbox"/> Down
			Rated Speed:	rpm

Inspection Information

Inspection Date:	Start Time:			
Inspection Type:	<input type="checkbox"/> Annual Inspection and Witnessed Test		<input type="checkbox"/> Acceptance (notify OPS)	<input type="checkbox"/> Re-inspection
		Permit #:		
Step/Skirt Performance Index Performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Index Value:	Skirt Deflector Device Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Code Reference			Violation Description <input type="checkbox"/> Additional violations listed on next page	Repeat Violation ²	TCO Violation ²	Date Corrected (Inspector only)
Edition	Year	Reference				
A17.1	2013	8.6.1.2	Maintenance Control Program (MCP) 1. General Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. On-Site Documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Maintenance Records: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	□	□	
				□	□	
				□	□	
				□	□	

Inspection Result:	<input type="checkbox"/> Annual CO ¹ <input type="checkbox"/> Temporary CO ² <input type="checkbox"/> Removed from service <input type="checkbox"/> Dormant
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¹ All violations must be corrected prior to the next inspection.

² TCO and repeat violations must be corrected within 60 days of the date of this inspection.

Certification Information

By signing below I certify that all statements made in this report are true to the best of my knowledge and that the inspection was performed according to current regulations and adopted codes.

Inspector Signature:	Date:	
Inspector Name:		
Inspection Company Name:		
State License #:	Phone #:	

