



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

(Revised 8/12/2022)

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 listed Responsible Party Contact.

Facility Information

Facility Name:		Facility ID #:		County:	
Facility Address:		City:		Zip:	

Responsible Party Information

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

Conveyance Information

OPS Conveyance #:	CP	Job/Contract #:		Manufacturer:	
Original Code Data Plate Year:		Year Installed:		Model:	
Altered Code Data Plate Year:		Year Altered:		Conveyance Local ID #:	
Conveyance Use:	<input type="checkbox"/> Passenger <input type="checkbox"/> Service <input type="checkbox"/> Freight			Freight Class:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> C2 <input type="checkbox"/> C3
Conveyance Type:	<input type="checkbox"/> Traction <input type="checkbox"/> Roped-Hydraulic <input type="checkbox"/> Vertical PL <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> Home Elevator in Commercial bldg. <input type="checkbox"/> Hydraulic <input type="checkbox"/> LULA <input type="checkbox"/> Inclined PL <input type="checkbox"/> Material Lift <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor				
Front Landings:		Rear Landings (if applicable):		Rated Speed:	
Capacity:	lbs	Total Rise:	ft	Maintenance Contractor:	

Inspection Information

Inspection Date:		Start Time:		
Inspection Type:	<input type="checkbox"/> Periodic	<input type="checkbox"/> Acceptance (notify OPS)		<input type="checkbox"/> Test Witnessed
	<input type="checkbox"/> Re-inspection	Permit #:		<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 5
		Type:	<input type="checkbox"/> Major <input type="checkbox"/> Minor	
Annual Safety Test Date:		Witnessed Safety Test Date:		Test tags in place? <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:	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

Inspection Result:	<input type="checkbox"/> Annual CO ¹ <input type="checkbox"/> Temporary CO ² <input type="checkbox"/> Construction CO <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 Name:		Inspection Company Name:			
Inspector Signature:		Date:		Phone #:	
				State License #:	

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Inspection Date:		OPS Conveyance #:	CP-	Facility ID:	Local ID:	
Code Reference			Violation Description	Repeat Violation	TCO Violation	Date Corrected (Inspector only)
Edition	Year	Reference				
				<input type="checkbox"/>	<input type="checkbox"/>	
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