



Inspection Date: _____

GENERAL INFORMATION

Annual and 5-year third-party elevator inspections must be performed by an approved elevator inspector and/or mechanic and submitted to the Building Official. This Elevator Inspection Report (EIR) must be included with the inspection documents. Third-party inspections may be submitted online at <https://permits.harrisonburgva.gov/> or via email to elevators@harrisonburgva.gov.

INSPECTION INFORMATION

Property Address: _____ Residential: ___ Yes / ___ No

Building Name: _____ Building Elevator #: _____

INSPECTION / TEST RESULTS

6-Month ___ CAT-1 ___ CAT-5 ___ Result: Pass ___ Fail ___

Date of next 6-month: _____ Date of next CAT-1: _____ Date of next CAT-5: _____

AHJ to issue new certificate: Yes ___ No ___ Expiration Date: _____

MRL: Yes ___ No ___ A17.1.8.6 compliant MCP on site: Yes ___ No ___ A17.1.4.2 compliant record of callbacks on site: Yes ___ No ___

Notes:

This equipment has been inspected and/or tested in accordance with all code requirements and the Building Official's third-party inspection policy.

Inspector Signature: _____ Date: _____

TYPE OF ELEVATOR

| Use (Mark all that apply.) | | Type (Mark all that apply.) | |
|------------------------------------|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Passenger | <input type="checkbox"/> Chair Lift | <input type="checkbox"/> Hydraulic | <input type="checkbox"/> Geared |
| <input type="checkbox"/> Freight | <input type="checkbox"/> Platform | <input type="checkbox"/> Electric | <input type="checkbox"/> Screw |
| <input type="checkbox"/> Conveyor | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Roped | <input type="checkbox"/> Other _____ |

ELEVATOR DETAILS

Make / Model: _____ Installation Date: _____ Code Cycle (year): _____

Serial #: _____ License #: _____ Capacity (lbs.): _____

Number of Landings: _____ Maximum # of passengers: _____ Speed: _____

Violations/Code Section:

Equipment Replaced?

Recommendations:

Additional Comment:

OWNER/AGENT CONTACT INFORMATION

Owner/Agent Name

Title

Mailing Address (if different from property address)

Phone

City State Zip

E-Mail

INSPECTOR/MECHANIC INFORMATION

Inspector Name: _____ Inspection Agency: _____

Certification #: _____ QEI #: _____ Expiration: _____

Email: _____ Phone: _____

Elevator Mechanic Name: _____ DPOR #: _____

Email: _____ Phone: _____