



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](mailto:elevators@harrisonburgva.gov).

**INSPECTION INFORMATION**

Property Address: \_\_\_\_\_ Residential: \_\_\_ Yes / \_\_\_ No

Building Name: \_\_\_\_\_ Building Elevator #: \_\_\_\_\_

**INSPECTION / TEST RESULTS**

6-Month \_\_\_\_\_ CAT-1 \_\_\_\_\_ CAT-5 \_\_\_\_\_ Acceptance \_\_\_\_\_ | Reinspect \_\_\_\_\_ Explain \_\_\_\_\_

Date of next 6-month: \_\_\_\_\_ Date of next CAT-1: \_\_\_\_\_ Date of next CAT-5: \_\_\_\_\_

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: \_\_\_\_\_