ELEVATOR INSPECTION REPORT



AS PER VILLAGE CODE, THIS report must be completed and returned to the VILLAGE OF ROCKVILLE CENTRE Building Department within a 6 MONTH PERIOD

Village of Rockville Centre

BUILDING DEPARTMENT

110 Maple Ave.

Rockville Centre, NY 11570

Phone: 516) 678-9247

Fax (516) 678-4544

**§** **115-****29. Elevators.** **[Amended 12-4-1972; 11-21-1977 by L.L. No. 8-1977]**

A. The required inspection and testing shall be made at intervals as follows:

 1. Six months for power passenger elevators.

 2. Six months for escalators and power freight elevators.

**D. Any person who knowingly and willfully violates any of the provisions of this section or violates or fails to comply with any order or requirements of an inspector, or other official charged with the duty of inspecting elevators, shall be guilty of a violation punishable to the maximum extent provided by law but not to exceed $500 or imprisonment for not more than 15 days.**

1. RVC ELEVATOR ADDRESS:

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Enter Number and Street Address – Print Clearly)**

AS PER VILLAGE CODE, THIS REPORT MUST BE COMPLETED AND RETURNED TO THE VILLAGE OF ROCKVILLE CENTRE BUILDING DEPARTMENT BY

December 31, 2021

2. REPORT TYPE:

2. REPORT TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (YEARLY BRAKE TEST) (LOAD TEST) (INSPECTION FOLLOWING VIOLATION)

3. ELEVATOR INSP. AGENCY INFO:

3. APPLICANT INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (COMPANY NAME - APPROVED PRIVATE ELEVATOR INSPECTION AGENCY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (STREET ADDRESS) (STATE) (ZIP) (PHONE NUMBER)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (AGENCY CERTIFICATION/NUMBER) (INSPECTOR’S NAME) (FAX)

4. INSPECTION INFORMATION:

4. INSPECTION INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (INSPECTION DATE) (DEVICE NUMBER)

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (PASSENGER) (FREIGHT) (HANDICAP LIFT) (OTHER) (TYPE: ELECTRIC, HYDRA)

⁪ SATISFACTORY ⁪ UNSATISFACTORY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(CORRECTIVE ACTION TAKEN)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SWORN TO BEFORE ME THIS \_\_\_\_\_\_ DAY OF

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_\_.

ETR05-11/2005

5. STATEMENTS AND SIGNATURES:

NOTARY STAMP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVED AGENCY/INSPECTOR**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTARY PUBLIC COUNTY OF NYS**

**The elevator(s)/device(s) described above and on attached sheets have been inspected/tested by the above named elevator inspection agency in accordance with the code of the State of New York. The results of these inspections/tests are indicated above. A Copy of this report has been given to the building owner.**