



MISSOURI DIVISION OF FIRE SAFETY  
**ELEVATOR SAFETY UNIT**

P.O. BOX 844  
 JEFFERSON CITY, MO 65102  
 573-751-2930 FAX: 573-526-5971

**APPLICATION/INSPECTION**

NOTE: ONE APPLICATION/FORM MUST BE SUBMITTED FOR EACH UNIT OF EQUIPMENT

<input checked="" type="checkbox"/> INSPECTION	<input type="checkbox"/> VARIANCE	DATE 3/13/14	STATE ID 21700
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OWNER NAME Leas Summit P.D.		OWNER ADDRESS 10 NE THORP Rd		OWNER CITY, STATE, ZIP Leas Summit, Mo. 64040	
BILLING NAME (IF DIFFERENT FROM OWNER)		BILLING ADDRESS		BILLING CITY, STATE, ZIP	
LOCATION NAME		LOCATION ADDRESS		LOCATION CITY, STATE, ZIP	
LOCATION COUNTY Jackson		LOCATION PHONE 816-969-2547		NUMBER OF UNITS AT LOCATION 1	
<b>ACTIVITY</b>		<b>TYPE OF EQUIPMENT</b>		<b>BUILDING USAGE</b>	
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> PASSENGER-TRACTION	<input checked="" type="checkbox"/> OFFICE/GOVT BUILDING			
<input type="checkbox"/> ALTERATION	<input checked="" type="checkbox"/> PASSENGER-HYDRAULIC	<input type="checkbox"/> HOSPITAL/INSTITUTIONAL			
<input type="checkbox"/> MAJOR ALTERATION	<input type="checkbox"/> PASSENGER-ROPED HYDRAULIC	<input type="checkbox"/> CHURCH/RELIGIOUS			
<input type="checkbox"/> INITIAL INSPECTION	<input type="checkbox"/> FREIGHT-TRACTION	<input type="checkbox"/> COMMERCIAL/INDUSTRIAL			
<input type="checkbox"/> ANNUAL INSPECTION	<input type="checkbox"/> FREIGHT-HYDRAULIC	<input type="checkbox"/> RETAIL			
<input type="checkbox"/> TEMPORARY CERTIFICATE INSP	<input type="checkbox"/> FREIGHT-ROPED HYDRAULIC	<input type="checkbox"/> SCHOOL/LIBRARY/EDUCATIONAL			
<input checked="" type="checkbox"/> REINSPECTION	<input type="checkbox"/> DUMBWAITER	<input type="checkbox"/> PARKING GARAGE			
<input type="checkbox"/> 5-YR TEST	<input type="checkbox"/> ESCALATOR	<input type="checkbox"/> MULTI/FAMILY RESIDENCE			
<input type="checkbox"/> OTHER	<input type="checkbox"/> MANLIFT	<input type="checkbox"/> MOTEL/HOTEL			
<input type="checkbox"/> SPECIAL	<input type="checkbox"/> STAIRWAY LIFT	<input type="checkbox"/> BANK			
	<input type="checkbox"/> MATERIAL LIFT	<input type="checkbox"/> NURSING/RETIREMENT HOME			
	<input type="checkbox"/> MOVING SIDEWALK	<input type="checkbox"/> OTHER			
	<input type="checkbox"/> OTHER				
MANUFACTURER Schindler	DATE INSTALLED 2013	SERIAL NUMBER 43954	CAPACITY 2100	SPEED 100	
NUMBER OF LANDINGS 2	NO. OF OPENINGS (FRONT/REAR) 2	SPECIFIC LOCATION IN BUILDING OR ID Next to Cells	DATE OF 5-YEAR TEST	DATE OF LAST TEST 3/5/14	
RELIEF VALVE PRESSURE 340	SLIDE	GOV ROPE PULLOUT/PULL THRU	DOOR CLOSING FORCE		

DESCRIPTION OF VIOLATION OR VARIANCE: (IF APPLICABLE)	COMPLIANCE DATE
Violations corrected OK to use	

WRITTEN RESPONSE REQUIRED WHEN COMPLIANCE IS COMPLETED:

SIGNATURE OF CONTACT PERSON AT LOCATION <i>[Signature]</i>	INSPECTOR SIGNATURE Ronald Edwards
PRINTED NAME AND TITLE OF CONTACT PERSON AT LOCATION SMITH, RENE G.	INSPECTOR STATE ID # 257