



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 12-8-15	STATE ID 22697
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OWNER NAME <i>John Knox Bldg E</i>	OWNER ADDRESS <i>508 NW Murray Rd.</i>	OWNER CITY, STATE, ZIP <i>Lees Summit Mo 64081</i>
BILLING NAME (IF DIFFERENT FROM OWNER)	BILLING ADDRESS	BILLING CITY, STATE, ZIP
LOCATION NAME	LOCATION ADDRESS	LOCATION CITY, STATE, ZIP
LOCATION COUNTY <i>Jackson</i>	LOCATION PHONE <i>816-524-8400</i>	NUMBER OF UNITS AT LOCATION <i>1</i>
ACTIVITY	TYPE OF EQUIPMENT	BUILDING USAGE
<input checked="" type="checkbox"/> NEW INSTALLATION	PASSENGER-TRACTION	OFFICE/GOVT BUILDING
ALTERATION	PASSENGER-HYDRAULIC	<input checked="" type="checkbox"/> HOSPITAL/INSTITUTIONAL
MAJOR ALTERATION	PASSENGER-ROPED HYDRAULIC	CHURCH/RELIGIOUS
INITIAL INSPECTION	FREIGHT-TRACTION	COMMERCIAL/INDUSTRIAL
ANNUAL INSPECTION	FREIGHT-HYDRAULIC	RETAIL
TEMPORARY CERTIFICATE INSP	FREIGHT-ROPED HYDRAULIC	SCHOOL/LIBRARY/EDUCATIONAL
REINSPECTION	DUMBWAITER	PARKING GARAGE
5-YR TEST	ESCALATOR	MULTI/FAMILY RESIDENCE
OTHER	MANLIFT	MOTEL/HOTEL
SPECIAL	STAIRWAY LIFT	BANK
	MATERIAL LIFT	NURSING/RETIREMENT HOME
	MOVING SIDEWALK	OTHER
	OTHER	

MANUFACTURER <i>TKE</i>	DATE INSTALLED <i>12-3-15</i>	SERIAL NUMBER <i>5 ECU 445</i>	CAPACITY <i>3500</i>	SPEED <i>150</i>
NUMBER OF LANDINGS <i>4</i>	NO. OF OPENINGS (FRONT/REAR) <i>4 (F)</i>	SPECIFIC LOCATION IN BUILDING OR ID <i>4NK</i>	DATE OF 5-YEAR TEST —	DATE OF LAST TEST —

RELIEF VALVE PRESSURE <i>375</i>	SLIDE —	GOV ROPE PULLOUT/PULL THRU —	DOOR CLOSING FORCE
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DESCRIPTION OF VIOLATION OR VARIANCE: (IF APPLICABLE)	COMPLIANCE DATE
<i>AFES Signage Missing (use stairs)</i> <i>Acceptance Pass</i>	

WRITTEN RESPONSE REQUIRED WHEN COMPLIANCE IS COMPLETED	
SIGNATURE OF CONTACT PERSON AT LOCATION <i>[Signature]</i>	INSPECTOR SIGNATURE <i>[Signature]</i>
PRINTED NAME AND TITLE OF CONTACT PERSON AT LOCATION	INSPECTOR STATE ID <i>H 104</i>