



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

5

<input checked="" type="checkbox"/> INSPECTION		<input type="checkbox"/> VARIANCE		DATE 1-20-16	STATE ID 22275
OWNER NAME		OWNER ADDRESS		OWNER CITY, STATE, ZIP	
BILLING NAME (IF DIFFERENT FROM OWNER) Schindler		BILLING ADDRESS		BILLING CITY, STATE, ZIP	
LOCATION NAME Residence @ New Longview Apt		LOCATION ADDRESS 3341 SW Kessler Drive		LOCATION CITY, STATE, ZIP Lee's Summit, MO 64081	
LOCATION COUNTY Jackson		LOCATION PHONE 913-422-5555		NUMBER OF UNITS AT LOCATION 1	
ACTIVITY		TYPE OF EQUIPMENT		BUILDING USAGE	
<input checked="" type="checkbox"/> NEW INSTALLATION		PASSENGER-TRACTION		OFFICE/GOVT BUILDING	
<input type="checkbox"/> ALTERATION	<input checked="" type="checkbox"/>	PASSENGER-HYDRAULIC		HOSPITAL/INSTITUTIONAL	
<input type="checkbox"/> MAJOR ALTERATION		PASSENGER-ROPED HYDRAULIC		CHURCH/RELIGIOUS	
<input type="checkbox"/> INITIAL INSPECTION		FREIGHT-TRACTION		COMMERCIAL/INDUSTRIAL	
<input type="checkbox"/> ANNUAL INSPECTION		FREIGHT-HYDRAULIC		RETAIL	
<input type="checkbox"/> TEMPORARY CERTIFICATE INSP		FREIGHT-ROPED HYDRAULIC		SCHOOL/LIBRARY/EDUCATIONAL	
<input type="checkbox"/> REINSPECTION		DUMBWAITER		PARKING GARAGE	
<input type="checkbox"/> 5-YR TEST		ESCALATOR	<input checked="" type="checkbox"/>	MULTI/FAMILY RESIDENCE	
<input type="checkbox"/> OTHER		MANLIFT		MOTEL/HOTEL	
<input type="checkbox"/> SPECIAL		STAIRWAY LIFT		BANK	
		MATERIAL LIFT		NURSING/RETIREMENT HOME	
		MOVING SIDEWALK		OTHER	
		OTHER			
MANUFACTURER Schindler		DATE INSTALLED 2015	SERIAL NUMBER J0074	CAPACITY 3000	SPEED 150
NUMBER OF LANDINGS 4	NO. OF OPENINGS (FRONT/REAR) 4	SPECIFIC LOCATION IN BUILDING OR ID Center Hall		DATE OF 5-YEAR TEST	DATE OF LAST TEST
RELIEF VALVE PRESSURE 640	SLIDE	GOV ROPE PULLOUT/PULL THRU		DOOR CLOSING FORCE 28	
500 working DESCRIPTION OF VIOLATION OR VARIANCE: (IF APPLICABLE) ① light fixture missing first floor ② Electrical Equipment below 48 inches shall be weather proof (Type 4 as specified in NEMA 250) Empty Speed up = 153 down = 102 Full Load Speed up = 146 down = 133 WRITTEN RESPONSE REQUIRED WHEN COMPLIANCE IS COMPLETED					COMPLIANCE DATE
SIGNATURE OF CONTACT PERSON AT LOCATION MA			INSPECTOR SIGNATURE Dm		
PRINTED NAME AND TITLE OF CONTACT PERSON AT LOCATION			INSPECTOR STATE ID DET 14527 MO233		



Schindler

Final Acceptance

Date 1-20-16
Contract # 30074

Dear Sirs:

We have examined the 330 A elevator No. 1
installed by you in the Resident at new longview #6 Building.

Street _____ City _____ State _____
and find same satisfactory and in accordance with the contract and we accept the elevator under the terms and guarantee of said contract.

X. Naif
Purchaser

Elevators or Escalators Are Being Turned Over With The Following Exceptions:

(Damage to the equipment – other than noted below – will not be the responsibility of Schindler Elevator Corporation.)

Furthermore, in accepting this equipment, I agree that the architectural finishes on the cabs, entrances and fixtures are acceptable. Finally, please understand that we will accept no further "punch lists".

I acknowledge receipt of the following:

1 Car Station Keys 1 Special Keys for Corridor & Car Station Fixtures
1 Door Release Keys 1 Set of Cab Protective Pads
1 Firemen's Return Keys 1 Owners Documents (as specified per contract) List: _____
1 Emergency Power Keys 1 Other _____

Superintendent/Sales Rep.

X. Naif
Purchaser

Maintenance

Our Contract includes per contract months of New Product Service. This service is effective per contract and will expire per contract. Our Service Technician will make periodic examinations and will perform all necessary adjustments, greasing, oiling and replacement of parts necessary to keep the elevator equipment in operation. Replacement of parts due to accident, misuse or negligence by parties other than Schindler is not included. All work will be performed during regular working hours of regular working days of the trade. In addition, per contract hour Emergency Minor Adjustment Callback service is included.

For Service

Dial 1-800-225-3123

Your building Identification number is _____

Notice: Providing a reliable and trouble-free installation is important to us. However, as you complete the remaining building construction work, elevator misoperations or shutdowns may occur that are caused by job site conditions beyond our control. These conditions include construction dust or debris, vandalism or misuse, voltage fluctuations and equipment room temperature below 55 degrees F or above 90 degrees F. We will respond to your requests for service as quickly as possible. Thank you for your understanding and patience.

DT.APP. _____