

File: PR0120150016
518 NW Marcorry Rd



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

☒ INSPECTION ☐ VARIANCE

DATE

STATE ID

OWNER NAME		OWNER ADDRESS		OWNER CITY, STATE, ZIP	
BILLING NAME (IF DIFFERENT FROM OWNER)		BILLING ADDRESS		BILLING CITY, STATE, ZIP	
LOCATION NAME		LOCATION ADDRESS		LOCATION CITY, STATE, ZIP	
LOCATION COUNTY		LOCATION PHONE		NUMBER OF UNITS AT LOCATION	
ACTIVITY		TYPE OF EQUIPMENT		BUILDING USAGE	
<input checked="" type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> PASSENGER-TRACTION		<input 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 checked="" 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 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"/> WPG 370		<input type="checkbox"/> MATERIAL LIFT		<input checked="" type="checkbox"/> NURSING/RETIREMENT HOME	
<input type="checkbox"/> DLR 170		<input type="checkbox"/> MOVING SIDEWALK		<input type="checkbox"/> OTHER	
<input type="checkbox"/> OTHER					
MANUFACTURER		DATE INSTALLED	SERIAL NUMBER	CAPACITY	SPEED
TKE		3016	ECU 444	1500	150
NUMBER OF LANDINGS	NO. OF OPENINGS (FRONT/REAR)	SPECIFIC LOCATION IN BUILDING OR ID		DATE OF 5-YEAR TEST	DATE OF LAST TEST
2	2/2 3/1	508 NW Marcorry Rd			
RELIEF VALVE PRESSURE	SLIDE	GOV ROPE PULLOUT/PULL THRU		DOOR CLOSING FORCE	
460				275/275	
DESCRIPTION OF VIOLATION OR VARIANCE: (IF APPLICABLE)					COMPLIANCE DATE
None Unit OK					
WRITTEN RESPONSE REQUIRED WHEN COMPLIANCE IS COMPLETED					
SIGNATURE OF CONTACT PERSON AT LOCATION			INSPECTOR SIGNATURE		
PRINTED NAME AND TITLE OF CONTACT PERSON AT LOCATION			INSPECTOR STATE ID		



FINAL ACCEPTANCE

This form is to be completed when the elevator(s) are completed. This form must be completed and presented to the Owner or Owner's Authorized Representative for their signature.

Job/Building Name JOHN KNOX VILLAGE
 Street Address 508 NW MURRAY RD.
 City, State, Zip Code _____
 Building Elevator ID No. 1
 TKE Contract No. EC4444
 TKE Factory Serial No. _____

Date 6-9-16
 To: ThyssenKrupp Elevator
 Attn: Billing Department
 PO Box 2177
 Memphis, TN 38101

Please Rate TKE's Job Performance:
☐ Excellent ☐ Good ☐ Fair ☐ Poor

Comments: _____

Key(s) Received Key & Key Number _____
 Independent Service: L203(3)
 Fan/Light: RUN STOP L205(4)
 Fire Service: F20K1(4)
 Hoistway Door: _____
 Other: Phone Reset L204p(3)

We have examined the above listed elevator(s) furnished and completed by you in the above building under the terms of a contract between us dated _____. The equipment as installed appears to be satisfactory and in accordance with the contract and we hereby accept it under the terms and guarantees of said contract, and acknowledge receipt of all keys as shown above.

Accepted By:

Owner/Arch: _____
 Type or Print

X Purchaser: [Signature]
 Type or Print

By: _____
 Type or Print

By: _____
 Type or Print

Signature of Authorized Official

Signature of Authorized Official

Title: _____
 Type or Print

Title: _____
 Type or Print

Date: _____

Date: _____

ThyssenKrupp Representative: _____

NIM – ROUTE PLANNING

Service OFC#	RT #	Start Date Mo. Day Yr.	Expiration Date Mo. Day Yr.	Exams Per Yr	Call Back RT OT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Conditions	Mech No.	Months Serviced			Safety Test M
<input type="text"/>	<input type="text"/>	<input type="text"/>			Print
Hours to be Worked (Scheduled) Wk/Mo					
1-wk	2-wk	3-wk	4-wk	5-wk	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Message					
<input type="text"/>					