APPLICATION/INSPECTION

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## MISSOURI DIVISION OF FIRE SAFETY

## **ELEVATOR SAFETY UNIT**

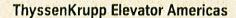
NOTE: ONE APPLICATION/FORM MUST BE SUBMITTED FOR EACH UNIT OF EQUIPMENT

P.O. BOX 844 JEFFERSON CITY, MO 65102

☐ INSPECTION	v
E INOI EO HOIL	W Lumber

DATE		STATE ID					
	Gin	22615					

573-751-293	0 FAX: 573-526-	5971	1	IIII L	יאווואי נשיי	·OL	17	11/16	9	610	
OWNER NAME	· · · · · · · · · · · · · · · · · · ·		- Alterespecial control	OWN	IER CITY	STATE, ZIP		***************************************			
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BILLING NAME (IF DIFFERENT	FROM OWNER)	BILL	ING ADDRES	SS		BILL	BILLING CITY, STATE, ZIP				
				1							
LOCATION NAME	***************************************	100	ATION ADDR	DECC		100	LOCATION CITY, STATE, ZIP				
LOCALIOI HANIL		100	ALION ADDI	ILOO		100	LOCATION CITY, STATE, ZIP				
JOHN KNOX	11111	5	071	141	March Rd						
LOCATION COUNTY	and the same of th	LOCA	LOCATION PHONE			NUM	NUMBER OF UNITS AT LOCATION				
				-40	1 -01/11						
-111 KSC1	U	8	816 534 8400								
ACTIVIT	Υ				EQUIPMENT		BUILDING USAGE				
NEW INSTALLATION	·····		PASSENGI					GOVT BUILD	***********		
ALTERATION	·		PASSENGI			-	HOSPITAL/INSTITUTIONAL				
MAJOR ALTERATION					PED HYDRAULIC	-		H/RELIGIOUS			
ANNUAL INSPECTION		******	FREIGHT-1				RETAIL	RCIAL/INDU	STHIAL		
TEMPORARY CERTIFIC	CATE INSP		***************************************		HYDRAULIC			L/LIBRARY/E	DUCATIO	ONAL	
REINSPECTION	***************************************				TTBINOLIO	-		G GARAGE	DOOMING	5147 (L	
5-YR TEST	*****************************		ESCALATO		***************************************	-		AMILY RESID	ENCE	***************************************	
OTHER			MANLIFT				MOTEL/HOTEL				
SPECIAL			STAIRWAY	LIFT			BANK				
WY6 39C			MATERIAL	*****		*	****	G/RETIREME	TIREMENT HOME		
N60 140	2		MOVING SI	IDEWAL	.K	OTHER					
MANUFACTURER	Inv	TE INSTALL	OTHER	Teedial	NI IMPER	L	CAPACITY		SPEED		
		10/6				4500 15 0			-0		
NUMBER OF LANDINGS NO. OF OPENINGS (FRONT/F							DATE OF 5-YEAR TEST DATE OF LAST				
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RELIEF VALVE PRESSURE	SLIDE /			-	GOV ROPE PULLOUT/PULL THE			DOOR CLOSING	FORCE		
460		and the second second			**************************************			245	127	1 1	
	DESCRIPTION	OF VIOLATI	ON OR VARIA	NCE: ()F AF	PLICABLE)			1	COMPLIAN	CE DATE	
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WRITTEN RESPONSE REQUIRED W	HEN COMPLIANCE IS CO	MPLETED									
GNATURE OF CONTACT PERSON AT	LOCATION				INSPECTOR SIGNATURE	-	2	7			
1					March Allen	and the same	Z.	and the same of th			
RINTED NAME AND TITLE OF CONTAC	CT PERSON AT LOCATIO	N			INSPECTOR STATE ID	) <	79				





## **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	Date
Street Address 508 NW MUNICAY AD	To: ThyssenKrupp Elevator
City, State, Zip Code	Attn: Billing Department
City, State, Zip Code	PO Box 2177
TKE Contract No. FC4444	Memphis, TN 38101
TKE Factory Serial No.	Key(s) Received Key & Key Number
Please Rate TKE's Job Performance:	Independent Service: (3)
	Fan/Light: 100 (4)
☐ Excellent ☐ Good ☐ Fair ☐ Poor	
Comments:	Fire Service: TORI(4)
	Hoistway Door:
	Other: Phone Reset Lallo
We have examined the above listed elevator(s) furnished and completed by dated The equipment as installed appears to be accept it under the terms and guarantees of said contract, and acknowledge Accepted By:  Owner/Arch:	satisfactory and in accordance with the contract and we hereby
Owner/Arch:Type or Print	Type or Print
By:	By:
By:	Type or Print
Signature of Authorized Official	The state of the s
Signature of Authorized Official	Signature of Authorized Official
Title	Title:
Title:Type or Print	Type or Print
Date:	Date:
ThyssenKrupp Representative:	
NIM ROUTE	PLANNING
Service RT Start Date	Expiration Date Exams Call Back
OFC# # Mo. Day Yr.	Mo. Day Yr. Per Yr RT OT
Special Mech	Safety
Conditions No. Mont	
	ths Serviced Test M Print
	ths Serviced Test M Print
Hours to be Worked (Scheduled) Wk/Mo	
	ths Serviced Test M Print  Message