



## 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

12/12/17

STATE ID

23809

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 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 checked="" 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"/>		<input type="checkbox"/>	MATERIAL LIFT	<input type="checkbox"/>	NURSING/RETIREMENT HOME
<input type="checkbox"/>		<input type="checkbox"/>	MOVING SIDEWALK	<input type="checkbox"/>	OTHER
<input type="checkbox"/>		<input type="checkbox"/>	OTHER	<input type="checkbox"/>	

MANUFACTURER		DATE INSTALLED	SERIAL NUMBER	CAPACITY	SPEED
Schindler		2017	K7113-01	3000	150
NUMBER OF LANDINGS	NO. OF OPENINGS (FRONT/REAR)	SPECIFIC LOCATION IN BUILDING OR ID		DATE OF 5-YEAR TEST	DATE OF LAST TEST
4	4	Bldg 2 (785 Donovan)			

RELIEF VALVE PRESSURE	SLIDE	GOV ROPE PULLOUT/PULL THRU	DOOR CLOSING FORCE
640	—	FL 7/13 & 7/14	28

DESCRIPTION OF VIOLATION OR VARIANCE: (IF APPLICABLE)	COMPLIANCE DATE
<p>① Cab floor covering not installed completed 12/12/17</p> <p>② Off minder is not to be on GFCI outlet OK 12/12/17</p> <p>③ Hand detector not to pit sprinkler not repaired when head is within 24 inches of pit floor removed</p>	4/5/11

Approved For public Use

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
	23809 NO 2380

Arrive 8:00 Depart 11:45

Chris Allen 309