



Date: \_\_\_\_\_

**ELEVATOR IDENTIFICATION INFORMATION**

Property Address: \_\_\_\_\_ Residential: \_\_\_ Yes / \_\_\_ No

Building Name: \_\_\_\_\_

Number of Elevators in Building: \_\_\_\_\_ Building Elevator # (i.e. 1 of 3) \_\_\_\_\_

**TYPE OF ELEVATOR**

Use (Mark all that apply.)		Type (Mark all that apply.)	
<input type="checkbox"/> Passenger	<input type="checkbox"/> Chair Lift	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Geared
<input type="checkbox"/> Freight	<input type="checkbox"/> Platform	<input type="checkbox"/> Electric	<input type="checkbox"/> Screw
<input type="checkbox"/> Conveyor	<input type="checkbox"/> Other _____	<input type="checkbox"/> Roped	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Special application per a17.1 parts 5-6-7 _____	

**ELEVATOR DETAILS**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Code Cycle (year): \_\_\_\_\_

Serial #: \_\_\_\_\_ License #: \_\_\_\_\_ Capacity (lbs.): \_\_\_\_\_

Number of Landings: \_\_\_\_\_ Maximum # of passengers: \_\_\_\_\_ Speed: \_\_\_\_\_

Is CDP compliant with A17.1.8.9?  Yes  No Any discrepancies between CDP and alterations?  Yes  No

List discrepancies, if any:

**PARTS DETAILS**

List part name and serial numbers:

Counterweight material: \_\_\_\_\_

Counterweight condition: \_\_\_\_\_

Rope condition:  Poor  Adequate  Good  Excellent

Has machine room (MR)  Machine room-less (MRL)

If MRL, permanent guards on car top?  Yes  No

Maintenance clearance and access adequate per code year?

Yes  No