

## Elevator/Conveyance INSPECTION REPORT

Date Inspected	Cert. Exp Date	Check if Cert Posted	ALE # (6 Digit Number)	Permit No.	Check If First or Acceptance Insp. _____	Check if Temp Cert of Operation _____
Owner Name			Nature Of Business		Serial Number	
Owner Street Address And P.O.Box			Owner City	Owner State	Owner Zip	
Location Name			Specific Loc of Conveyance		Object Location County	
Location Address			Loc City	Loc State <b>Alabama</b>	Loc Zip	
Manufacturer			Speed (Fpm)	Rise	Openings	Capacity
<b>Equipment Type</b> Automated People Mover [ ] Dumbwaiter [ ] Escalator [ ] Freight [ ] LU/LA [ ] Material Lift [ ] Moving Walkway [ ] Other [ ] Passenger [ ] Platform Lifts [ ] Residential [ ] Stairway/Chair Lift [ ] Wheel Chair Lift [ ] Other [ ] Explain _____						
<b>Type Of Inspection:</b> Certificate Regular Inspection [ ] Follow Up [ ] Complaint [ ] Assist In Field [ ] Fire Investigation [ ]						
<b>Special Billing Instructions:</b> Send Invoice To: Owner [ ] Location [ ] Contact Name _____ Send Certificate To Owner [ ] Location [ ] Phone Number _____						

If residential elevator does it comply with the 3X5 rule? \_\_\_\_\_ (must answer).

**Mechanic who installed/altered equipment (AL license #)** \_\_\_\_\_ **Adjuster (AL license #)** \_\_\_\_\_  
**Signature of Inspector**                      **Inspector License #**                      **Company Name**                      **Person contacted and phone number**

I certify this is a true and correct report of my inspection.