



VERMONT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
 Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team
firesafety.vermont.gov



CONVEYANCE INSPECTION REPORT

Return this completed form to the appropriate Regional Office:

Williston Regional Office
 380 Hurricane Lane, Suite 101
 Williston, VT 05495
 Phone: 802-879-2300
 Fax 879-2312

Barre Regional Office
 1311 US Route 302, Suite 500
 Barre, VT 05641
 Phone: 802-479-4434
 Fax 479-4446

Rutland Regional Office
 56 Howe Street Building A Suite 200
 Rutland, VT 05701
 Phone: 802-786-5867
 Fax 786-5872

Springfield Regional Office
 100 Mineral Street, Suite 307,
 Springfield, VT 05156
 Phone: 802-885-8883
 Fax 885-8885

PLEASE PRINT or TYPE

| | | | |
|--|-------------------------------|---|--|
| Elevator Information: | | | |
| Name of Building/Site: | | Site Number: | |
| Physical Location: (911 Address) | | | |
| Number and Street name, | | City/Town, | Zip code |
| VTEL Number: | | Last Insp. Date: | |
| VTEL Type: | | <input type="checkbox"/> Passenger <input type="checkbox"/> Hydraulic <input type="checkbox"/> Electric <input type="checkbox"/> Freight <input type="checkbox"/> Hydraulic <input type="checkbox"/> Electric | |
| <input type="checkbox"/> Material Lift | <input type="checkbox"/> LULA | <input type="checkbox"/> Escalator | <input type="checkbox"/> Platform Lift <input type="checkbox"/> Stair/Chair Lift |
| Speed: | | Capacity: | |
| Building Owner Name: | | | |
| Owner Mailing Address: | | Zip Code: | |
| Owner Contact Information: () | | E-Mail: | |

| | | | |
|--|---------------------------------|--|---|
| Inspection Type: | | | |
| <input type="checkbox"/> Initial Acceptance | <input type="checkbox"/> Annual | <input type="checkbox"/> 90 Day Conditional Compliance* | |
| | | Elevator was SHUT DOWN: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> Annual Inspection Certificate Issued | Inspection Sticker Number: | | - |
| <input type="checkbox"/> Conditional Certificate Issued* | Expiration Date (90 days): | | |
| <p>*As of July 1, 2012 – If a conditional certificate is issued due to a non-compliant elevator it is the responsibility of the building owner to have all repairs made prior to the expiration date (90 days) by a licensed VT Elevator Mechanic. As a courtesy the Inspector/Inspection company will contact the building owner (proof below) indicated above between 4-6 weeks of the certificates expiration to remind them of their obligation. Any elevator, unless issued an additional 90 day extension, will be re-inspected on that date and if still not compliant will be shut down until all repairs are made and a good certificate can be issued. Elevators can be put back into service once a good inspection certificate is issued.</p> | | | |
| Date contacted building owner: | | Contact Name: | |
| Notes: | | | |

| | | | | | |
|----------------------|-------|-------------|---------------|-------|--|
| Inspector Signature: | | | Printed Name: | | |
| VT License Number: | ELI - | QEI Number: | | Date: | |
| Inspection Company: | | | Phone Number: | | |
| Company Address: | | | | | |

