



Denver Fire Department
Fire Prevention Division

745 W Colfax Ave
Denver, CO 80204
p: 720.913.347
f: 720.913.3596
www.denvergov.org/fire

APM Inspection Report

| | | | | | | |
|-------------------------------|---|-------------------------|------------------------------|---------------------|---------------------------|-----------------------|
| Facility ID #: | | Conveyance ID #: | | | | |
| Owner | Building Name: | | | Address: | | |
| | Owner/Mgmt Company: | | | Address: | | |
| Facility | City: | | | State: | Zip Code: | |
| | Contact Name: | | Email: | | Phone: | |
| APM Information | State Registration ID Number: | | Owner Designation: | | Year Installed: | |
| | System Capacity PPHPD: | | Train Headway: | | Max Designed Speed (mph): | |
| | Vehicle Type: CX-100 <input type="checkbox"/> INNOVIA <input type="checkbox"/> Crystal Mover <input type="checkbox"/> Hovair <input type="checkbox"/> Other <input type="checkbox"/> | | | | | |
| | Number of Vehicles: | | Total Length of System: | | Number of Stations: | |
| | APM Manufacturer: | | | APM Operator: | | |
| Inspection Information | Inspection Type: Acceptance <input type="checkbox"/> Annual Witnessed Inspection <input type="checkbox"/> Alteration <input type="checkbox"/> Re-Inspect <input type="checkbox"/> Temporary <input type="checkbox"/> | | | | | |
| | Recommendation: Pass <input type="checkbox"/> Fail <input type="checkbox"/> | | | Date of Inspection: | | |
| | Code Edition | Year | Violation Description | | | Date Corrected |
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| Signature | **Signatures are required for certificate processing** | | | | | |
| | I Certify that the above inspection is true and accurate to the best of knowledge and belief. | | | | | |
| | Inspection Name | | State License # | | Phone number | |
| Inspection Signature | | | Inspection Company | | | |