

Escalator / Moving Walk Inspection Report – Private Third-Party Inspector

Inspection Date:		Start Time:		Facility ID:		State Conveyance #: CP-		
Facility	Building Name:			City:		County:		
	Address:			Zip Code:		Phone:		
Responsible Party	Company:			City:		State:		
	Address:			Zip Code:		<input type="checkbox"/> Owner <input type="checkbox"/> Facility Mgmt		
	Contact Name:		Phone:		Email:			
Conveyance	Job/Contract #:		Original Code Data Plate Year:		Year Installed:			
	Conveyance Local ID:		Altered Code Data Plate Year:		Year Altered:			
	Conveyance Type: <input type="checkbox"/> Escalator <input type="checkbox"/> Moving Walk			Travel Direction: <input type="checkbox"/> Up <input type="checkbox"/> Down		Rated Speed (fpm):		
	Conveyance Manufacturer:			Conveyance Maintained by:				
Inspection	Inspection Type: <input type="checkbox"/> Acceptance (notify DFD Permit #): <input type="checkbox"/> Annual Inspection & Witnessed Test <input type="checkbox"/> Re-Inspection							
	Step/Skirt Performance Index Performed: <input type="checkbox"/> Yes <input type="checkbox"/> No			Index Value:		Skirt Deflector Device Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Code Reference			Violation Description		Repeat ²	TCO ²	Date Corrected
	Edition	Year	Reference	(Check <input type="checkbox"/> if additional page used)		Violation	Violation	(Inspector only)
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
Inspection Result: <input type="checkbox"/> Annual CO ¹ <input type="checkbox"/> Temporary CO ^{2,3} <input type="checkbox"/> Removed from service ³ <input type="checkbox"/> Dormant ³								
¹ All violations, except for TCO and repeat violations, must be corrected prior to the next inspection. ² TCO and repeat violations must be corrected within 90 days of the date of this inspection. ³ Inspector must contact DFD prior to selecting this inspection result.								
Signature	By signing below I certify that all statements are true to the best of my knowledge and the inspection was performed according to current adopted codes.							
	Inspector name:			Inspection Company:				
	Inspector signature:			Date:		Denver license #:		