Colorado Department of Labor and Employment
Division of Oil and Public Safety – Conveyance Program
633 17th Street, Suite 500
Denver, CO 80202-3610

Phone: 303-318-8526
Fax: 303-318-8534
Email: cdle_conveyance@state.co.us
Web: www.colorado.gov/ops

ELEVATOR INSPECTION REPORT – PRIVATE THIRD-PARTY INSPECTOR

To receive a Certificate of Operation, the Conveyance Responsible Party (owner/operator) must submit this Inspection Report, along with the $30 processing fee (payable to the Division of Oil and Public Safety), to the Conveyance Program at the address listed above.

Facility Information

Facility Name:		Facility ID #:		Phone #:			
Facility Address:		City:		County:		ZIP:	

Responsible Party Information

Contact Name:		Company Name:					
Address:		City:		State:		ZIP:	
Phone #:		Email Address:					
Responsible Party Type:	☐ Owner ☐ Facility Management						

Conveyance Information

OPS Conveyance #:	**CP-**		Job/Contract #:		
Original Code Data Plate Year:		Year Installed:		Manufacturer:	
Altered Code Data Plate Year:		Year Altered:		Conveyance Local ID #:	
Conveyance Use:	☐ Passenger ☐ Service ☐ Freight		Freight Class:	☐ A ☐ B ☐ C1 ☐ C2 ☐ C3	
Conveyance Type:	☐ Traction ☐ Roped-Hydraulic ☐ Vertical PL ☐ Dumbwaiter ☐ Home Elevator in Commercial Bldg. ☐ Hydraulic ☐ LULA ☐ Inclined PL ☐ Material Lift ☐ Other:				
Front Landings:		Rear Landings (if applicable):		Rated Speed:	fpm
Capacity:	lbs	Total Rise:	ft	Maintenance Contractor:	

Inspection Information

Inspection Date:		Start Time:			
Inspection Type:	☐ Periodic ☐ Re-inspection	☐ Acceptance (notify OPS) Permit #: Type: ☐ Major ☐ Minor		☐ Test Witnessed ☐ Category 1 ☐ Category 5	
Annual Safety Test Date:		Previous Witnessed Safety Test Date:		Test tags in place?	☐ Yes ☐ No

Code Reference			Violation Description (Check if additional violations listed on next page: ☐)	Repeat Violation[2]	TCO Violation[2]	Date Corrected (Inspector only)
Edition	Year	Reference				
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Inspection Result: ☐ Annual CO[1] ☐ Temporary CO[2,3] ☐ Construction CO[3] ☐ Removed from service[3] ☐ Dormant[3]

[1] All 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 OPS prior to selecting this inspection result.

Certification Information

By signing below I certify that all statements made in this report are true to the best of my knowledge and that the inspection was performed according to current regulations and adopted codes.

Inspector Name:			Inspection Company Name:				
Inspector Signature:		Date:		Phone #:		State License #:	

Elevator Inspection Report (Page 2)							
Inspection Date:			OPS Conveyance #:	**CP-**	Facility ID:	Local ID:	
Code Reference			Violation Description		Repeat Violation	TCO Violation	Date Corrected (Inspector only)
Edition	Year	Reference					
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