



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Conveyance Program
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 Denver, CO 80202-3610

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ESCALATOR/MOVING WALK 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:
Phone #:		Email Address:	
Responsible Party Type:	<input type="checkbox"/> Owner <input type="checkbox"/> Facility Management		

Conveyance Information

OPS Conveyance #:	CP-	Job/Contract #:		Local ID #:	
Original Code Data Plate Year:		Year Installed:		Manufacturer:	
Altered Code Data Plate Year:		Year Altered:		Maintenance Contractor:	
Conveyance Type:	<input type="checkbox"/> Escalator <input type="checkbox"/> Moving Walk		Travel Direction:	<input type="checkbox"/> Up <input type="checkbox"/> Down Rated Speed: fpm	

Inspection Information

Inspection Date:		Start Time:	
Inspection Type:	<input type="checkbox"/> Annual Inspection and Witnessed Test		<input type="checkbox"/> Acceptance (notify OPS)
		Permit #:	<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 (Check if additional violations listed on next page: <input type="checkbox"/>)	Repeat Violation ²	TCO Violation ²	Date Corrected (Inspector only)
Edition	Year	Reference				
				<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"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

Inspection Result: Annual CO¹ Temporary CO^{2,3} Removed from service³ Dormant³

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 #:

