



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Conveyance Program
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Escalator/Moving Walk Inspection Report - Private Third-Party Inspector

(Revised 8/12/2015)

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:	<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	Repeat Violation ²	TCO Violation ²	Date Corrected (Inspector only)
Edition	Year	Reference	(Check if additional violations listed on next page: <input type="checkbox"/>)			
A17.1	2013	8.6.1.2	Maintenance Control Program (MCP) 1. General Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. On-Site Documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Maintenance Records: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	□	□	
				□	□	
				□	□	
				□	□	
				□	□	
				□	□	
				□	□	

Inspection Result:	<input type="checkbox"/> Annual CO ¹ <input type="checkbox"/> Temporary CO ² <input type="checkbox"/> Removed from service <input type="checkbox"/> Dormant
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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.

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 #:	

