



ELV3: Elevator Inspection / Test Report
Must be typewritten

Date DOB notified of:	
1 Year Escalator Test	
3 Year / Water Hydraulic Elevator Test	
5 Year Elevator Test	
Hoist Jump/Down & 90DayTemp Renewal	

1 Location Information

Address _____ Application Number (If applicable) _____
 Borough _____ Block _____ Lot _____ BIN _____

2 Report Type

3 Fee Status

- | | | |
|---|--|--|
| <input type="checkbox"/> Elevator Inspection / Test | <input type="checkbox"/> Personnel Hoist Inspection / Test | <input type="checkbox"/> Filing Fee |
| <input type="checkbox"/> 1 Year Test (Annual Inspection) / Category 1 | Badge # _____ | <input type="checkbox"/> Fee Exempt with Proof Enclosed |
| <input type="checkbox"/> 3 Year Test - Water Hydraulic / Category 3 | <input type="checkbox"/> Hoist Jump Up | <input type="checkbox"/> Finance Department Verification |
| <input type="checkbox"/> 5 Year Test / Category 5 | <input type="checkbox"/> Hoist Jump Down | |
| <input type="checkbox"/> Replacement / Modification Sign Off — PPN# 26/90 | <input type="checkbox"/> 90 Day Temp Renewal | |

4 Applicant Information *To be completed by the inspecting agency.*

Last Name _____ First Name _____ Middle Initial _____
 Business Name _____ Business Telephone _____
 Business Address _____ Mobile Telephone _____
 City _____ State _____ Zip _____ E-Mail _____
 Agency Certification # _____

5 Owner Information

Last Name _____ First Name _____ Middle Initial _____
 Business Name _____ Business Telephone _____
 Business Address _____ Mobile Telephone _____
 City _____ State _____ Zip _____ E-Mail _____

6 Test Information *List each device individually. Device types marked with an asterisk (*) require Section 11 to be completed.*

Device Number	Inspection/Test Date	Conveyor	Dumbwaiter	Escalator*	Freight*	Manlift*	Material Lift	Wheelchair Lift* ††	Passenger*	Personnel Hoist	Private Res. Elevator	Sidewalk*	Other	Floor Number(s) Affected (Personnel Hoists Only)	Category 1	Satisfactory	Unsatisfactory †	Category 3 †††	Category 5 †††	Satisfactory †††	
1.																					
2.																					
3.																					
4.																					
5.																					

† Must complete Section 8 for all devices with unsatisfactory results. †† Applies to Commercial Only—Refer to Table N1 for compliance requirements
 ††† Only Satisfactory results accepted for Category 3 and Category 5.

Internal Use Only

Batch Number	Date Received	Fee Paid	Invoice Number	Accepted	Rejected	Reason
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7 Location Information Repeat information provided in Section 1.

Address _____ Application Number (if applicable) _____
 Borough _____ Block _____ Lot _____ BIN _____

8 Defects Found Refer to Instruction Sheet Page 3 for Elevator Part, Violation Condition, and Suggested Remedy codes.

1.	Device #:											None	Comments:
	Elevator Part												
	Violation Condition												
	Suggested Remedy												
2.	Device #:											None	Comments:
	Elevator Part												
	Violation Condition												
	Suggested Remedy												
3.	Device #:											None	Comments:
	Elevator Part												
	Violation Condition												
	Suggested Remedy												
4.	Device #:											None	Comments:
	Elevator Part												
	Violation Condition												
	Suggested Remedy												
5.	Device #:											None	Comments:
	Elevator Part												
	Violation Condition												
	Suggested Remedy												

9 Property Owner's Statements and Signatures

The Approved Elevator Inspection Agency listed on this form has performed, on my behalf, an inspection/test of the elevator(s) described above and on attached sheets. A copy of the final report has been provided to me and appropriate inspection certificate(s) will be posted in accordance with NYC Administrative Code and other applicable laws and rules. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Owner's Name (print): _____
 Signature and Date _____

10 Inspecting Agency's Statements and Signatures

As the Approved Elevator Inspection Agency listed on this form, I have inspected/tested or, as Director of the above named Approved Elevator Inspecting Agency listed on this form, someone in my supervision has inspected/tested the elevator(s) described above and on attached sheets in accordance with all NYC Administrative Code and other applicable laws, rules and bulletins. The results of these inspections/tests are indicated above and a copy of this report has been provided to the owner. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. (←Check here if) this report serves as filing for a CAT3 or CAT5 inspection in addition to the 1 Year Test/CAT1 filing.

Agency Name: _____
 Director's Name (print): _____ Lic # _____
 Signature and Date: _____
 Inspectors Name (print): _____ Lic # _____
 Signature and Date: _____

11 Witnessing Agency's Statements and Signatures

As a representative of an Approved Elevator Inspection Agency, I attest to have been witness or as Director of above named Approved Elevator Inspection Agency, someone in my supervision has been witness to the inspection(s)/test(s) performed by the above named inspecting agency. These inspection(s)/test(s) were performed in accordance with all NYC Administrative Code and other applicable laws and rules. I further attest neither myself nor my agency have any affiliation with the above named inspecting agency. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Agency Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Fax: _____
 E-Mail Address: _____
 Director's Name (print): _____ Lic #: _____
 Signature and Date _____
 Inspector's Name (print): _____ Lic #: _____
 Signature and Date _____

NOTE: Witnessing Agency Signatures not required if filing inspection results for Private Residential Elevator, Conveyor, Dumbwaiter, or Material Lift. (Refer to Table N1—Appendix K Chapter K1 of the NYC Building Code for requirements)

NOTE: Hazardous Conditions / Cease Use items shall not be reported on this form. These items shall be corrected immediately.