



**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	CB No.	

**2 Report Type**

- |   |  |
|---|--|
| <input type="checkbox"/> Elevator Inspection / Test                       | <input type="checkbox"/> Personnel Hoist Inspection / Test |
| <input type="checkbox"/> 1 Year Test (Annual Inspection) / Category 1     | Badge # _____  |
| <input type="checkbox"/> 3 Year Test - Water Hydraulic / Category 3       | <input type="checkbox"/> Hoist Jump Up                     |
| <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               |

**3 Fee Status**

- |  |
|--|
| <input type="checkbox"/> Filing Fee                      |
| <input type="checkbox"/> Fee Exempt with Proof Enclosed  |
| <input type="checkbox"/> Real Estate \$0.00 Tax Bill     |
| <input type="checkbox"/> Finance Department Verification |

**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		
BIS Registration #	Agency Certification #	License Number

**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. ††† 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	CB No.			

**8 Unsatisfactory Devices** Refer to Page 3 for Elevator Part, Violation Condition, and Suggested Remedy codes.

1.	Device #:									Comments:
	Elevator Part									
	Violation Condition									
	Suggested Remedy									
2.	Device #:									Comments:
	Elevator Part									
	Violation Condition									
	Suggested Remedy									
3.	Device #:									Comments:
	Elevator Part									
	Violation Condition									
	Suggested Remedy									
4.	Device #:									Comments:
	Elevator Part									
	Violation Condition									
	Suggested Remedy									
5.	Device #:									Comments:
	Elevator Part									
	Violation Condition									
	Suggested Remedy									

**9 Property Owner's Statements and Signatures**

The above named Approved Elevator Inspection Agency 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 above named Approved Elevator Inspection Agency, I have inspected/tested the elevator(s) described above and on attached sheets in accordance with all NYC Administrative Code and other applicable laws and rules. 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 #: \_\_\_\_\_

Inspector's Name (print): \_\_\_\_\_

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 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.

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

12 Elevator Part			
INSIDE CAR	TOP OF CAR		
01 Emergency Stop Switch	26 Top Emergency Exit Cover	51 Slack Rope Switch	77 Underside Platform
02 Alarm System	27 Governor Release Carrier	52 Hoist Cables	78 Tension Weight
03 Car Enclosure	28 Door Hangers & Connectors	53 Governor Ropes	79 Comp / Chains / Ropes / Switch
04 Side Emergency Exit	29 Door Operator	54 Car Counterweight Rope	80 Counterweight Runby
05 Car Door/Gate	30 Normal Limits	55 Drum Counterweight Rope	81 Counterweight Runby Signage
06 Car Door/Gate Contact	31 Final Limits	56 Hoist Machine	82 Plunger Gripper
07 Door Reopening Device	32 Guide Shoes / Roller Guides	57 Hoist Motor	<b>ESCALATOR/ MOVING WALK</b>
08 Car Floor to Landing Still	33 Counterweight	58 Worm / Gear / Bearings	83 Fire Shutters
09 Car Floor	34 Hoistway	59 Machine Brake	84 Skirt Switch
10 Car Door Gibs	35 Electrical Wiring	60 Lighting Machine Space	85 Skirt Deflection Device
11 Car Button Station	36 Pipes and Ducts	61 Machine Disconnect SW	86 Comb Plate / Comb Plate Teeth
12 Car Lighting	37 Overhead & Deflector Sheave	62 Commutator	87 Landing Plate / Impact Switches
13 Emergency Lighting	38 Traveling Cable & Junction	63 Motor Brushes	88 Handrails / Handrail Safeties
14 Car Mirror	39 Car Top	64 NYC Device #	89 Step / Thread
15 Certificate Frame	<b>MACHINE ROOM</b>	65 Unintended Car Movement	90 Key Switch
<b>OUTSIDE HOISTWAY</b>	40 Machine Room	66 Emergency Brake/Rope Gripper	91 Emergency Stop Button
16 Hoistway Doors	41 Machine Room Door	67 Communication	92 Decking and Ballustrades
17 Hoistway Door Gibs	42 Controller—Selector	68 Maintenance Log	93 Ceiling Guards
18 Hoistway Door Reinforcements	43 Reverse Phase Relay	69 Code Data Plate	94 Deck Barricades
19 Hoistway Door Safety Retainer	44 Traction Sheave	<b>PIT</b>	95 Internal Safeties
20 Vision Panel	45 Governor	70 Pit	96 Safety Signage
21 Interlocks	46 Governor Switch	71 Pit Light	<b>ALL TYPES</b>
22 Parking Device	47 Drum	72 Pit Stop Switch	97 Entire Device
23 Hall Button Station	48 Pump Unit	73 Car Guide-Rails & Brackets	98 Current Five Year Tag
24 Indicators	49 Drum Machine Limit SW	74 Cwt Guide-Rails & Brackets	99 Current One Year Tag
25 Door Safety Retainer	50 Generator	75 Buffers	100 Miscellaneous
		76 Car Safety & Tail Rope	

13 Violating Condition			
A Altered	H Worn	O Dirty	V Not Level
B Insufficient	I Damaged	P No Means of Access	W Unlocked
C Padlocked	J Misaligned	Q Unguarded	X Inoperative
D Unsecured	K Rusted	R Illegal	Y Oil Leak
E Rubbing	L Defective	S Not Fire Retardant	Z Water Leak
F Lost Motion	M Missing	T Unlabeled	AA Carbon Buildup
G Improper Fuses	N By-passed	U Device Not Tagged	BB Expired Tag

14 Suggested Remedy			
01 Adjust	06 Properly Secure	11 Replace	16 Provide Means of Access
02 Clean	07 Provide	12 Reshackle	17 Re-inspection Required
03 Install Guards	08 Regroove	13 Seal	
04 Patch	09 Remove	14 Shorten	
05 Perform & File Test	10 Repair	15 Tag Device	