



Alabama Department of Workforce

Inspections Division

649 Monroe Street

Montgomery, AL 36131

Office 334-956-7404 inspection.reports@labor.alabama.gov

Kay Ivey
Governor

Greg J. Reed
Secretary of
Workforce

Elevator/ Conveyance Inspection Report

Date Inspected	Cert Exp Date	Cert Posted	ALE# (6 Digit No.)	Permit No.	First/Accept/Insp	Temp Cert
Owner Name		Nature of Business		Serial Number		
Owner Mailing Address and/or P.O. Box		Owner City		Owner State	Owner Zip Code	
Location Name		Specific Location/ Conveyance Number		Location County		
Location Street Address		Location City		Loc State	Loc Zip Code	
				AL		
Manufacturer	Speed (FPM)	Rise/Openings	Capacity	Year Built/Mod		
Equipment Type: Passenger <input type="checkbox"/> Escalator <input type="checkbox"/> Freight <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> LU/LA <input type="checkbox"/> Material Lift <input type="checkbox"/> Moving Walkway <input type="checkbox"/> Platform Lift <input type="checkbox"/> Residential <input type="checkbox"/> Stairway/Chair Lift <input type="checkbox"/> Wheelchair Lift <input type="checkbox"/> Other _____ If residential elevator, does it comply with the 3X5 Rule? _____						
Passenger Type: Electric / Traction <input type="checkbox"/> Hydraulic <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> MRL <input type="checkbox"/> Other _____						
Type of inspection: Annual Inspection <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Incident Investigation <input type="checkbox"/> CAT 1 <input type="checkbox"/> CAT 5 <input type="checkbox"/>						
Billing Instructions: Send Invoice to: Owner <input type="checkbox"/> Location <input type="checkbox"/> Contact Name: _____ Phone _____ Send Certificate to: Owner <input type="checkbox"/> Location <input type="checkbox"/> Email Address: _____						
Comments / Violations:						
Last Mechanic reported on site (AL License/Name) _____				Personal injury shall be reported to the Chief Inspector within 24 hours. 334-956-7404		
Licensed Inspector Signature: "I certify this is a true and accurate report of my inspection".		Inspector AL License #	Company	Contact Signature		
Neither this inspection nor any provision thereof shall be construed to place any liability on the State of Alabama, the Inspection Agency or the Inspector with respect to any claim by any person, firm, or corporation relating in any way whatsoever to elevator /conveyance inspections and injury or damage arising therefrom.						