Alabama Department of Workforce

Inspections Division

50 N. Ripley Street
Montgomery, AL 36130
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 ☐ Escalator ☐ Freight ☐ Dumbwaiter ☐ LU/LA ☐ Material Lift ☐ Moving Walkway ☐
Platform Lift ☐ Residential ☐ Stairway/Chair Lift ☐ Wheelchair Lift ☐ Other _____
If residential elevator, does it comply with the 3X5 Rule? _____

Passenger Type:

Electric / Traction ☐ Hydraulic ☐ Rack & Pinion ☐ MRL ☐ Other _____

Type of inspection:

Annual Inspection ☐ Follow-up ☐ Complaint ☐ Incident Investigation ☐ CAT 1 ☐ CAT 5 ☐

Billing Instructions:

Send Invoice to: Owner ☐ Location ☐ **Contact Name:_____ Phone _____**
Send Certificate to: Owner ☐ Location ☐ **Email Address: _____**

Comments / Violations:

Personal injury shall be reported to the Chief Inspector within 24 hours. 334-956-7404

Last Mechanic reported on site (AL License/Name) _____

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.