

Elevator Inspection Certification Statement

Planning and Development Services Department

www.opkansas.org

Building Address: _____

Building Name: _____

Inspection Agency or Agent: _____

QEI # _____ QEI Expiration Date _____

This is to certify that I have witnessed the inspection or test of the elevator equipment at the referenced address, and find the equipment to be in substantial compliance with ASME A17.1-2007.

****Type of inspection:**

_____ Annual _____ Five Year

****The following number and type of units were inspected:**

_____ Electric Elevators per Section 8.11.2

_____ Hydraulic Elevators per Section 8.11.3

_____ Escalators per Section 8.11.4

Inspection date(s): _____

Signature: _____ Date: _____

Phone No. or Email address: _____

****Required field**

Note: Please e-mail this form to the address information above.