

REQUEST FOR ACCEPTANCE INSPECTION

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

Note: The information on this form is collected to administer the provisions of the Safety Standards Act and section 26 of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information & Privacy Analyst at 1-866-566-7233.

Safety Officer:	Requested Inspection Date:
Unit Installation Number:	Installation Building Name:
Installation Address:	

Inspection Request Type

New Installation	<input type="checkbox"/>	Construction Hoist (Section 5.10)	
	<input type="checkbox"/>	Final Acceptance	
Major Alteration	<input type="checkbox"/>	Partial Acceptance	
	<input type="checkbox"/>	Final Acceptance	
Construction Hoist	<input type="checkbox"/>	Initial	
	<input type="checkbox"/>	Extension	
	<input type="checkbox"/>	Final	
Complies with applicable Act and Regulations and safety codes for Elevating Devices:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complies with applicable Act and Regulations and safety codes for equipment in hoistways, control and machine rooms:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
A Maintenance Control Program (MCP) will be in place at time of inspection and viewable on site at all times as applicable (new installation, new major alterations)		<input type="checkbox"/> Yes	

Requested by Registered Elevating Contractor

Name of Contractor:	Phone No.:
Email Address:	
Mechanic Name (responsible for inspection):	Certification No.: CED
Contact Phone No.:	
Name & Title of Co. Officer:	
Signature of Company Officer:	Date:

Confirmed by General Contractor the site and elevating device are ready for requested inspection:

Name of General Contractor:	Phone No.:
Name & Title of Co. Officer:	
Signature of Company Officer	Date:

ANY CANCELLATIONS OR RE-INSPECTIONS WILL BE SUBJECT TO ADDITIONAL FEES