



Rhode Island Department of Labor & Training
Division of Workforce Regulation and Safety
Occupational Safety - Elevator Unit
1511 Pontiac Avenue, P.O. Box 20157 Cranston, RI 02920-0942
Phone: (401) 462-8570 Fax: (401) 462-8576

Request for Initial State Inspection

I _____, representing _____
(Company Name)

hereby request an inspection of the following device:

State ID Number: _____

Type of Device: _____

Location of Device: _____

Email: _____ Telephone Number: _____

This unit has been pre-tested and all work associated with the installation, modernization or construction is complete. This includes general contractors work associated with the above listed device.

Signature: _____ Date: _____

Any work not completed, personnel required for testing associated systems not present, or equipment malfunctions that cannot be repaired within a reasonable time, will cause the inspection to be terminated and will NOT be rescheduled for a minimum of thirty (30) days. There will be a charge for any and all re-inspections in accordance with the fee schedule contained within RIGL 23-33-12.

Please submit this form to request for initial inspection to Sean Egan.

Email: Sean.Egan@dlt.ri.gov or Fax:(401) 462-8576