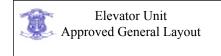
## RI Account #: \_\_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_ Amount: \_\_\_\_\_ Installation Code: \_\_\_\_\_

## RI Department of Labor & Training Division of Occupational Safety Elevator Unit

1511 Pontiac Avenue, P.O. Box 20157 Cranston, RI 02920-0942

Telephone: (401) 462-8570 | Fax: (401) 462-8576

www.dlt.ri.gov/occusafe



Signature of Inspector

need this exam in a language		1 037	ONT. TC 1 / 1	0
	other than English	sh. Oyes	ONo If yes, what lar	iguage?
PLEASE INDICAT	TE TYPE OF DEV	VICE AND PRO	OVIDE ALL APPLICA	BLE INFORMATION
Date:	1 % Contrac	et Fee:	State ID	#:
Elevator OEscalator	OLULA (	Dumbwaiter	OMaterial Lift	OVertical Platform lift
Inclined Stairlift C	Moving Walk	OVRC C	Inclined Platform lift	
Other:		-		
Elevator number (ex: 1,2,3	3):	_ Mfg. seria	1 number #:	
Location of device:				
Name of user or facility na	ame:			
Name and Address of own	er:			
Owner's business address:				
Usage (class type): Freig	ht Pass.	Facilit	ty usage: Commercia	ıl
Name and address of insta	ller:			
Name of manufacturer:				
Contract price (excluding	hoistway constr	uction): \$		
		Hoistw	yay Data	
Number of landings:	Numb	er of entrance	es: front:	rear:
Material hoistway construction	cted of:		Vented: C	)Yes ONo
Total car clearance: Top: _	feet ii	nches Bottor	n: feet	inches
Size of rails: ll	o. per foot			
Total counterweight cleara	nce: Top:	feet inc	hes Bottom:	_ feet inches
Size of counterweight rails	s: lb. pe	r foot		
Size of counterweight rans				

	Machine Ro		_	_			
	(roof, floor #):			es O N	0		
<del>-</del>	tween 50 and 100 degrees Fahr	_	ONo				
All disconnect switches in p	proper location and accessible:	OYes	ONo				
	<u>Car/Platfor</u>	m Data					
Capacity:	Contract speed:	fpm Total car t	ravel:	feet	inches		
	_x Clear car height:						
	ertical, horizontal, folding):						
Emergency stop switch type	nergency stop switch type:Telephone connected to:						
	Safety Equipr	ment Data					
Type of safety device:	Location:	How is	How is device actuated:				
Governor location:	Governor tripping speed	: fpm Go	vernor switc	h trips at			
Broken Rope Safety Device	e: Contacted: O Yes	ONo Lo	cation:				
	<b>Drive Mach</b>	ine Data					
Type:	Location:	Diameter of shea	ave/drum:				
	Direction						
	r ODC (check one) Phase Mac						
ontroller or selector driven by:Break type		Di	Diameter of brake drum:				
Cables: Hoist: Number of o	cables: diameter:	const	construction:				
	es: diameter:						
	Hydraulic Mac	chine Data					
Type of pump:	Motor Voltage:	AC-DO	C	Phase			
	PSI relief valve setting						
		gallons Type of oil:					
I hereby acknowledge that t	this installation shall be installe	ed in compliance v	with ASME	17.1 for Page	senger and		
-	220.1 For Conveyors, ASME A	•			scriger and		
G:				D-4			
Signature of owner or author	orized representative:			Date:			

Please print and return forms & drawings, and mail to above address with check payable to: DLT/Elevator Unit. ALT/MODS - please send a list of each item being altered or changed.