



Department of Labor and Training - Division of Occupational Safety - Elevator Unit

ESCALATOR INSPECTION CHECK LIST

Date: _____ State I.D. Number: _____ DLT Account Number: _____

Location of Escalator _____ Phone # _____
Rated Load: _____ Speed: _____ Last Inspection: _____ Elevator Co. _____

Inspected By: _____ RI License No. _____ Signature: _____

Signature of person interviewed: _____

SAFETY TEST INFORMATION: Annual:

Key Code: No deficiencies - Needs repair - NR Not applicable - NA

ESCALATOR--EXTERNAL

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- General fire protection _____
- Geometry _____
- Stop switch _____
- Handrails _____
- Entrance and egress ends _____
- Lighting _____
- Caution signs _____
- Combplate _____
- Deck barricade _____
- Steps and upthrust device _____
- Operating devices _____
- Skirt obstruction devices _____
- Handrail-speed monitoring device _____
- Rolling shutter device _____
- Speed _____
- Balustrades _____
- Ceiling intersection guards _____
- Step/skirt clearance, panels, and performance index _____
- Outdoor protection _____

- Machinery space access, lighting, receptacle, and condition _____
- Stop switch _____
- Controller and wiring _____
- Drive machine and brake _____
- Speed governor _____
- Broken drive chain and disconnected motor device _____
- Reversal stop switch _____
- Broken step chain device _____
- Step upthrust device _____
- Missing step device _____
- Step level device _____
- Steps, step chains, and trusses _____
- Handrails _____
- Code data plate _____
- Response to smoke detectors _____

CODE VIOLATIONS:

Per R.I.G.L. 23-33-24, violations must be abated within 30 days from the above inspection date.

1 COPY - ELEVATOR CO.
1 COPY - DLT

1 COPY - MACHINE ROOM
1 COPY - CUSTOMER