

Third Party Periodic Inspection Report Cover Page

Article-Public Safety Title 12, subtitle 8 requires that all elevator units be inspected periodically in conformance with the applicable sections of the Safety Code (ASME A17.1). Documentation of the periodic inspection performed shall be submitted to the Commissioner of Labor and Industry on this form only.

Site Name:				Date of Inspection:		
Site Address:						
City:		County:			Zip Code:	
Owner/Agent:		Location Contact:		Phone #:		
				Email:		
Registration #:						
Inspection Type:	<input type="checkbox"/> Periodic	<input type="checkbox"/> Periodic	<input type="checkbox"/> Periodic	<input type="checkbox"/> Periodic	<input type="checkbox"/> Periodic	<input type="checkbox"/> Periodic
	<input type="checkbox"/> Re-Inspection	<input type="checkbox"/> Re-Inspection	<input type="checkbox"/> Re-Inspection	<input type="checkbox"/> Re-Inspection	<input type="checkbox"/> Re-Inspection	<input type="checkbox"/> Re-Inspection
Code Year in effect:						
Last Annual Test Date:						
Last 5 Year Test Date:						
Number of Violations:						
<ul style="list-style-type: none"> When a periodic annual inspection reveals that the elevator unit is in violation of the Safety Code, the owner of the elevator unit must be given a copy of the Violation Notice report form. 						
Unit In Compliance: Y/N						
<ul style="list-style-type: none"> By indicating that the elevator unit is in compliance the third party inspector is recommending to the Commissioner that a Certificate of Inspection be issued. Elevator units that are not identified as in compliance will not be issued a certificate. 						

I affirm under penalty of perjury that the elevator units identified above were inspected in accordance with the Maryland Public Safety Article, §§ 12-801—12-816, Annotated Code of Maryland and in conformance with the Safety Code as adopted by the Commissioner of Labor and Industry.

Q.E.I. Signature _____ **Q.E.I. Cert #** _____

Print Name _____ **Phone #** _____ **Date** _____

Signature of Owner or Authorized Representative _____

Print Name _____ **Date** _____