



ELV3A: Elevator Inspection / Test Report

*Additional Devices
Must be typewritten*

1 Location Information

Address	Application Number (If applicable)
Borough	Block
Lot	BIN

2 Test Information *List each device individually. Device types marked with an asterisk (*) require Section 3 to be completed.*

Device Number	Inspection/Test Date	Conveyor	Dumbwaiter	Escalator*	Freight*	Manlift*	Material Lift	Wheelchair Lift* ††	Passenger*	Personnel Hoist	Private Res. Elevator	Sidewalk*	Other	Floor Number(s) Affected (Personnel Hoists Only)	Category 1	Satisfactory	Unsatisfactory †	Category 3 †††	Category 5 †††	Satisfactory †††	
6.																					
7.																					
8.																					
9.																					
10.																					
11.																					
12.																					
13.																					
14.																					
15.																					
16.																					
17.																					
18.																					

† Must complete Section 3 for all devices with unsatisfactory results. †† Applies to Commercial Only—Refer to Table N1 for compliance requirements
 ††† Only Satisfactory results accepted for Category 3 and Category 5.

3 Defects Found *Refer to Instruction Sheet Page 3 for Elevator Part, Violation Condition, and Suggested Remedy codes.*

6.	Device #:											None	Comments:	
	Elevator Part													
	Violation Condition													
	Suggested Remedy													
7.	Device #:											None	Comments:	
	Elevator Part													
	Violation Condition													
	Suggested Remedy													
8.	Device #:											None	Comments:	
	Elevator Part													
	Violation Condition													
	Suggested Remedy													
9.	Device #:											None	Comments:	
	Elevator Part													
	Violation Condition													
	Suggested Remedy													

ELV3A

7 Location Information *Repeat information provided in Section 1.*

Address	Application Number (if applicable)
Borough	Block Lot BIN

8 Defects Found *Refer to Instruction Sheet Page 3 for Elevator Part, Violation Condition, and Suggested Remedy codes.*

10.	Device #:											None	Comments:
	Elevator Part												
	Violation Condition												
	Suggested Remedy												
	Device #:											None	Comments:
	Elevator Part												
	Violation Condition												
	Suggested Remedy												
	Device #:											None	Comments:
	Elevator Part												
	Violation Condition												
	Suggested Remedy												
	Device #:											None	Comments:
	Elevator Part												
	Violation Condition												
	Suggested Remedy												
	Device #:											None	Comments:
	Elevator Part												
	Violation Condition												
	Suggested Remedy												
	Device #:											None	Comments:
	Elevator Part												
	Violation Condition												
	Suggested Remedy												
	Device #:											None	Comments:
	Elevator Part												
	Violation Condition												
	Suggested Remedy												
	Device #:											None	Comments:
	Elevator Part												
	Violation Condition												
	Suggested Remedy												
	Device #:											None	Comments:
	Elevator Part												
	Violation Condition												
	Suggested Remedy												