ELEVATOR SAFETY INSPECTION CHECKLIST

<table>
<thead>
<tr>
<th>Location ___________________</th>
<th>Building ___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevator Number ___________</td>
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</table>

1. Is a current copy of the elevator inspection certificate posted?  
   - YES  
   - NO

2. Does the certificate contain the following information?  
   - Date of Inspection  
     - YES  
     - NO  
   - Signature of Inspector  
     - YES  
     - NO  
   - Serial Number  
     - YES  
     - NO

3. Does the elevator have an emergency telephone system?  
   - YES  
   - NO

4. Is the emergency telephone system operational?  
   - YES  
   - NO  

4(a) Is public Safety able to identify your location?  
   - YES  
   - NO

5. Is a sign or plate indicating the elevator’s maximum capacity posted in plain view?  
   - YES  
   - NO

6. Is the elevator properly lighted?  
   - YES  
   - NO

7. Are safety shields installed over the light fixture?  
   - YES  
   - NO

8. Is the elevator easily accessible by people with disabilities?  
   - YES  
   - NO

9. Are floor landings in good repair?  
   - YES  
   - NO
10. Is the elevator door working properly?  □ YES  □ NO

11. Is the elevator free of noises and vibrations while operating?  □ YES  □ NO

12. Is elevator door sensor operating properly?  □ YES  □ NO

13. Is there a visible sign indicating not to use the elevator in case of fire?  □ YES  □ NO
   If fire sign is missing indicate floor _______

14. Is the audible signal operating properly?  □ YES  □ NO

15. Are the direction indicator lights working properly?  □ YES  □ NO

16. Are the call buttons for all floors working properly?  □ YES  □ NO

Comments
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Inspected by ____________________________    Date __________________

Directed to ______________ for corrective action     Date ________________