



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## ELEVATOR / ESCALATORS AND RELATED EQUIPMENT REPORT OF INSPECTION INSTRUCTIONS

TDLR-registered elevator inspectors must use the current Department-approved Elevator Equipment Report of Inspection ("Inspection Report") to report inspections of existing equipment and final inspections of new or altered equipment. If additional pages are needed, the inspector must use the Department-approved "Additional Inspection Report Page."

All sections of the form must be completed, and the inspector and the owner or owner's agent must sign the form. All information provided must be typed or printed legibly. **No sections may be left blank.**

The inspector must ensure that all information on the Inspection Report accurately reflects the current building or facility and the equipment being inspected. The owner or the owner's agent must complete the sections with the name and contact information of the owner and the building contact.

An Inspection Report that is missing information is not considered complete and will not be processed until all required sections are completed by the inspector and the owner. Incomplete inspection reports may result in late fees, delays in the issuance of a certificate of compliance and may subject the instructor and/or the owner to enforcement proceedings.

1. **UNIT #** \_\_\_ of \_\_\_ – Indicate which unit number of the total number of units to be inspected under a single ELBI number. A separate Inspection Report must be used for each unit / decal number.
2. **ELBI #** – Verify and list the ELBI number assigned to this building by TDLR.
3. **DECAL #** – Verify and list the decal number for the specific unit of equipment being inspected. A separate Inspection Report must be used for each decal number. If a new decal number is replacing an old decal number for an existing ELBI, identify the old decal number in the "Comments" section (Item # 18 on the form).
4. **REMOVED FROM SERVICE DATE** – Provide date equipment was rendered inoperative in accordance with standards adopted in §74.105.
5. **BUILDING INFORMATION** – Specify the building name, building designation, and the physical location of the building. Use the building designation field to identify the specific location of the equipment within a single building / ELBI. Examples: Tower 1 or Tower 2; Building A, B, or C; North Wing or South Wing.
6. **MANUFACTURER** – Provide the name of the Manufacturer.
7. **MODEL TYPE** – Provide the name of the Model Type.
8. **SERIAL NUMBER** – Provide the Serial Number.
9. **TYPE OF UNIT** – Select the box indicating the type of unit. The options are: "Pass" (Passenger Elevator); "Esc" (Escalator); "M.W." (Moving Walks); Frt. (Freight Elevator); "W.L." (Wheelchair Lift); "LULA" (Limited Use, Limited Application); or "Other." If the answer is "Other," please specify.  
  
The Freight Elevator box may only be checked if the equipment has bi-parting or vertically sliding doors or gates. This box cannot be checked if it is a passenger elevator (or other type of equipment) that the owner is using as a freight elevator.
10. **DRIVE MACHINE** – Check the box indicating the type of drive machine. The options are: "Electric;" "Hydraulic;" or "Other." If the answer is "Other," please specify.
11. **YEAR INSTALLED** – Indicate the year the equipment was initially installed.
12. **YEAR ALTERED** – Indicate the year of the most recent alteration of this equipment. If the equipment has not been altered, mark the box "N/A" (not applicable).
13. **NUMBER OF FLOORS** – Indicate the number of floors in building.
14. **SPEED** – Indicate speed of the equipment.

15. **CAPACITY** – Indicate capacity of the equipment.
16. **NUMBER OF CAR OPENINGS** – Indicate number of car openings for equipment (ex; One car door = 1 opening, Two car doors = 2 openings...).
17. **DUE DATE FOR NEXT 5 YEAR SAFETY TEST** – If required by the adopted standard referenced in Administrative Rule 74.100, to have a category 5 test performed, the year of the next 5-year test shall be indicated. If the equipment does not require a 5-year test, mark N/A.
18. **TEST DATA TAGS** – Select the box “Yes” or “No” to indicate whether the test data tag was in place at the time of the inspection. If the answer is “No,” the inspector must affix a test data tag.
19. **TYPE OF INSPECTION** – Select the appropriate box(es) indicating the type of inspection(s) being conducted. The options are: Annual; New Installation; Alteration; Re-inspection; Accident; or 5-Year Test. If the answer is “Other,” please specify the reason or type of inspection. At least one of these boxes must be checked. A certificate of compliance will only be issued when an Annual or New Installation inspection is performed.
20. **LIST OF VIOLATIONS** – Indicate the rule; the code year; a description of the violation; and whether the violation is a repeat violation from the last Inspection Report. Use the Department-approved “Additional Page Inspection Report Page, ELE002a” if additional pages are necessary. If ELE002a is used place a check in the box.
- In the “Rule” box, list the TDLR statute or rule reference or ASME or ASCE Code reference for the specific violation.
  - In the “Code Year” box, list the year of the applicable ASME or ASCE code, or indicate “N/A” if citing a TDLR statute or rule violation.
  - In the “Violations” box, describe the specific violation in detail, noting the requirement and the specific reason(s) the equipment does not comply with the applicable code requirement.
  - In the “Reportable Condition” box, check the box if a violation is considered an unsafe condition that requires the equipment to be “Removed from Service” until the condition is corrected and verified by a registered Elevator inspector.
  - In the “Repeat” box, check the box if the violation is a repeat violation cited in the previous inspection. The Inspector must review the previous Inspection Report in order to determine whether a specific violation is a repeat violation. The previous inspection report may be reviewed on the TDLR [Elevator Search](#).
  - Corrections for repeat violations can only be verified by an inspector. **The inspector must provide documentation with the Inspection Report to the Department showing that the repeat violation has been corrected.**
21. **INSPECTOR’S SIGNATURE** – The inspector must certify that this a true report of the inspector’s inspection and that the information on the report is correct. **The inspector must type or legibly print the inspector’s TDLR registration number and name. The inspector must sign and date the form with the date the inspection was completed. The inspector cannot sign as the owner’s agent if the inspector performed the inspection of the equipment.** The inspector must verify that all sections 1 through 21 are complete.
22. **OWNER CONTACT INFORMATION** – **Check the box where correspondence should be sent. The owner or owner’s agent must print or type the name of the current owner and the owner’s phone number, a business email address from your letterhead, business card, coversheet, printed documents or other documents made available to the public, and mailing address.** Please do not include any private or personal email addresses. The owner must verify the information in boxes 22, 23, and 24 is correct before signing and notify the inspector if updates are necessary.
23. **BUILDING CONTACT INFORMATION** – **The owner or owner’s agent must specify the current building or facility contact person (preferably on-site), the contact’s phone number, a business email address from your letterhead, business card, cover sheet, printed documents or other documents made available to the public, and mailing address.** Please do not provide private/personal email addresses since this information may be subject to public disclosure.

24. **OWNER'S SIGNATURE** – The owner or owner's agent must sign and date the statement. Submit this completed report to TDLR within 60 days of the inspection date, and the \$20 filing fee for each unit, to avoid late fees.

**SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only), or (512) 463-6599, Relay Texas - TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

**TDLR PUBLIC INFORMATION ACT POLICY:**

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157  
www.tdlr.texas.gov

## ELEVATOR / ESCALATOR AND RELATED EQUIPMENT REPORT OF INSPECTION

THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED WITH ATTACHEMENTS IF NECESSARY.

INSPECTION DATA – TO BE COMPLETED BY INSPECTOR

FILING FEE: \$20.00 PER UNIT

1. Unit #: of	2. ELBI #:	3. Decal #:	4. Removed from Service Date:	
5. Building Name:			Building Designation:	6. Manufacturer:
Building Physical Address:				7. Model Type:
Number, Street, Suite No., City, Zip Code				8. Serial #:
9. Type of Unit: (select one) <input type="checkbox"/> Pass <input type="checkbox"/> Esc. <input type="checkbox"/> M.W. <input type="checkbox"/> W.L. <input type="checkbox"/> LULA <input type="checkbox"/> Frt Elev <input type="checkbox"/> Other (specify)				
10. Drive Machine: (select one) Electric Hydraulic Other (specify)		11. Year Installed:	12. Year Altered:	13. Number of Floors:
14. Speed:	15. Capacity:	16. # of Car Openings		17. Due Date for Next 5 Year Safety Test
18. Test Data Tag in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No				
19. Type of Inspection: (select all that apply) <input type="checkbox"/> A – Annual <input type="checkbox"/> B – New Installation or Returned to Service <input type="checkbox"/> C – Alteration <input type="checkbox"/> F – 5 Year Test <input type="checkbox"/> Other				

20. #	Rule	Code Year	Violations Use page ELE002a if additional pages are necessary.	Check box if ELE002a is attached	Reportable Condition	Repeat

### 21. INSPECTOR SIGNATURE IS REQUIRED FOR CERTIFICATE PROCESSING

I certify this is a true report of my inspection. I further certify that the information on this report is correct.

TDLR INSP LIC#:

Inspector Name Printed

Inspector Signature

Date Inspection Completed (MM/DD/YYYY)

### TO BE COMPLETED BY BUILDING OWNER

To avoid the late fee penalty, this report must be received within 60 days from the Date Inspection Completed.

This section must be completed in its entirety before mailing to the Department.

All correspondence including legal notices will be sent to (select one)  Owner Address  Building Contact Address

22. CONTACT INFORMATION REQUIRED TO BE COMPLETED BY OWNER OR OWNER AGENT	
Owner Name:	Phone Number: (Area Code) Number
Email Address: (ex: johndoe@yourbusinessemail.com)	Owner Mailing Address: Number, Street, Suite No., City, State, Zip Code
23. Full Name of Building Contact Person:	Contact Number: (Area Code) Number
Building Contact Business/Public Email Address: (ex: johndoe@yourbusinessemail.com)	Building Contact Mailing Address: Number, Street, Suite No., City, State, Zip Code

### 24. OWNER OR OWNER AGENT SIGNATURE IS REQUIRED FOR CERTIFICATE PROCESSING

I certify that all violations cited by the inspector (if any) have been corrected OR are under contract to be corrected OR I have obtained a waiver or delay. All contact information above is accurate and all required documents and fees are attached. I understand that a certificate of compliance cannot be issued if the Inspection Report is incomplete, or any supporting documentation is missing.

Owner/Agent Printed Name

Owner/Agent Signature

Date (MM/DD/YYYY)