



MISSISSIPPI INSURANCE DEPARTMENT
ELEVATOR SAFETY DIVISION
501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mid.ms.gov

Escalator or Moving Walk Inspection

Date of Inspection:	Conveyance Type:	Escalator	Moving Walk
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Inspection Type:	Periodic	Acceptance	Permit:	Send Invoice To:	Location	Owner
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Building Location and Unit Information

Building Name:	MS Unit ID Number:	Unit Designation:
Address:	Manufacturer:	
City, State, Zip:	Speed: fpm	
Contact:	Phone:	Installed Date:

7 or 9 ESCALATOR \ MOVING WALK - EXTERNAL	OK	NG	NA	R	8 OR 10 ESCALATOR \ MOVING WALK - INTERNAL	OK	NG	NA	R
7.1 or 9.1 General fire protection					(Intentionally blank)				
7.2 or 9.2 Geometry					8.1 or 10.1 Machinery space access, lighting, receptacle and condition				
7.3 or 9.3 Handrails					8.2 or 10.2 Stop switch				
7.4 or 9.4 Entrance and egress ends					8.3 or 10.3 Controller and wiring				
7.5 or 9.5 Lighting					8.4 or 10.4 Drive machine and brake				
7.6 or 9.6 Caution signs					8.5 or 10.5 Speed governor				
7.7 or 9.7 Comb-plate and comb step impact device					8.6 or 10.6 Broken drive chain & disconnected motor safety device				
7.8 or 9.8 Deck barricades & anti-slide devices (ESC)					8.7 or 10.7 Reversal stop switch				
7.9 Steps and up-thrust device (ESC) or 9.9 Tread-ways (MW)					8.8 Broken step chain device (ESC) or 10.8 Broken tread-way device (MW)				
7.10 or 9.10 Operating and safety devices					8.9 Step up-thrust device (ESC)				
7.11 Skirt obstruction devices (ESC)					8.10 or 10.10 Missing step or missing pallet device				
7.13 or 9.13 Egress restriction (rolling shutter) device					8.11 Step lateral device (ESC) or 10.11 Pallet level device (MW)				
7.14 or 9.14 Speed					8.12 Steps, step chains and trusses (ESC) or 10.12 Pallets, pallet chains and trusses (MW)				
7.15 or 9.15 Balustrades					8.13 or 10.13 Handrail systems and safety devices				
7.16 or 9.16 Ceiling intersection guards					8.14 or 10.14 Code data plate				
7.17 Step/skirt clearance, panels and perf. Index (ESC) or 9.17 Skirt panels (MW)					8.15 or 10.15 Response to smoke detectors				
7.18 or 9.18 Outdoor protection					8.16 Step lateral displacement device (ESC)				
7.19 or 9.19 Maintenance records					(Intentionally blank)				
OK - Meets requirement					(R) - Repeat Violation				
NG - No good (insert number to identify comment on form)					(ESC) - Escalator only				
NA - not applicable					(MW) - Moving walk only				

Item No.	Repeat	Comment	Code Reference

Building Owner Information:

Owner Name:	
Owner Address:	
City, State, zip:	
Contact:	Phone:
Signature:	

Inspection Company & Inspector's Information:

Company Name:	
Street Address:	
City, State, Zip:	
Inspector QEI #:	Inspector's State License #:
Inspector's Signature:	

All information in this report accurately reflects the equipment condition at time of inspection