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 State Fire Marshal

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

A18.1 Platform Lift Inspection

Date of Inspection:	Conveyance Type: Vertical Platform lift	Inclined Platform Lift	Other
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Inspection Type: Periodic	Acceptance	Send Invoice To:	Location	Owner
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Building Location and Unit Information

Building Name:	MS Unit ID Number:	Unit Designation:
Address:	Manufacturer:	Installed Date:
City, State, Zip:	Speed: fpm	
Contact: Phone:	Runway: Enclosed	Partially Enclosed No Enclosure

10.2.2.1 Inside Platform	OK	NG	NA	R	10.2.2.3 Inside Runway Inspections	OK	NG	NA	R
10.2.2.1 a Stop Switch					10.2.2.3 a Platform, Overhead, Deflector Sheaves				
10.2.2.1 b Operating Control Devices					10.2.2.3 b-i Terminal stopping devices, safety switches				
10.2.2.1 c Floor sill and Landing sill					10.2.2.3 j-l Runway construction, wiring, clearances				
10.2.2.1 d Lighting					10.2.2.3 m Traveling cables, Junction boxes				
10.2.2.1 e Emergency signal					10.2.2.3 n Door and Gate equipment				
10.2.2.1 f Door or Gate					10.2.2.3 o-p Platform frame, guide rails				
10.2.2.1 g Enclosure					10.2.2.3 q-r Governor rope and fastenings				
10.2.2.1 h Floor					10.2.2.3 s-u Suspension means				
10.2.2.1 i Signs and Operating device symbols									
10.2.2.1 j Rated Load, Platform floor area, Data plate									
10.2.2.1 k Ride									
10.2.2.2 Machine Inspections					10.2.2.4 Outside Runway Inspections				
10.2.2.2 a Enclosure of drive machine					10.2.2.4 a Runway doors				
10.2.2.2 b Guarding of exposed Auxiliary Equipment					10.2.2.4 b Runway door locking devices				
10.2.2.2 c - j Drive machine and related equipment					10.2.2.4 c Runway enclosure				
10.2.2.2 k-l Rope fastenings, slack rope devices									
10.2.2.2 m-n Governor, over speed switch, safeties									
10.2.2.2 o-q Hydraulic power unit									

OK - Meets requirement
NG - No good (insert number to identify comment on form)
NA - not applicable
(R) - Repeat Violation

Item No.	Repeat	Comment	Code Reference

Building Owner Information:

Inspection Company & Inspector's Information:

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

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