



STATE OF IDAHO
DIVISION OF BUILDING SAFETY



CONTRACTOR PRE ELEVATOR INSPECTION CHECK SHEET

State ID#:		Date:	
Building Name:			
Location:			
Construction Company:			
Record Prints on Site:	Yes No	Date Approved:	
Construction Company Representative's Signature:			

This document is to be filled out, signed and delivered to The Division of Building Safety prior to scheduling an inspection.

MACHINE ROOM	Completed Date
Enclosure of Machine Space	
Access Door Self Locking & Self Closing	
Temperature Control of Machine and Control Space	
Lighting of Machine Space	
Electric Receptacle Provided	
Fused Main Electrical Disconnect Switch	
Elevator Car Electrical Disconnect Switch with Lock Out Provision	
Automatic Disconnect Means Provided	
Heat Detector and/or Smoke Detector Installed	
Only Elevator Utilities, Piping, and Ducting	
Drains in Machine Room Running to Safe Location	
5 ABC Fire Extinguisher Provided	
Battery Lowering Auxiliary Contact Provided	
INSIDE CAR	Completed Date
Means of Two-way Communication Provided	
Fire Recall Phase I & Firefighters Service Phase II Tested and Functioning	
Fire Signal Function	
OUTSIDE HOISTWAY	Completed Date
Landing Sill	
Smoke Detector Installed	
PIT	Completed Date
Pit Light Switch Location	
Pit Light Provides 10 Foot-candles	
Electric Receptacles	
Pit Access Door	
Pit Access Ladder	
Pit Sump and Drain	
Automatic Disconnecting Means	
Heat Detector Installed	
Pit Construction	
TOP OF CAR	Completed Date
Hoistway Vented	
Only Elevator Utilities	
Hoistway Side of the Door Frames	
Hoistway Clearances	
Approved Floor Over Hoistway	
Projections, Recesses, and Setbacks	
Construction of the Hoistway Enclosure	
Automatic Disconnecting Means	
Heat Detector Installed	
Smoke Detector Installed	
Refuge Space	

Elevator Company:		Date:	
By signing below you are stating that the above listed elevator installation is complete and ready for inspection.			
Signature:		Print Name Here:	