

INSPECTION DATE			CERTIFIED ELEVATOR INSPECTOR (CEI) #		
Month	Day	Year	Inspector #	Inspector #	Inspector #
05	24	24	9	4	7
0	1	2	0	1	2
1	2	3	0	1	2
3	4	5	0	1	2
4	5	6	0	1	2
5	6	7	0	1	2
6	7	8	0	1	2
7	8	9	0	1	2
8	9	0	0	1	2
9	0	1	0	1	2

TYPE OF INSPECTION

Routine

Alteration Acceptance

Callback

Construction

Initial Acceptance

Temporary Operating Inspection

DBPR USE ONLY

Accident

Complaint

Compliance Monitoring

Industry Oversight/Audit

TIME IN 8:00

TIME OUT 4:00

DEFINITIONS

CEI - FL Certified Elevator Inspector

CET - FL Certified Elevator Technician

REC - FL Registered Elevator Company

Building Name Paces Victoria Pkwy

Building Address 7000 Spradford Rd

City Pelican Springs

Zip Code FL 32461

Inspection Company Name REC #

Inspection Company Name REC #

STATE OF FLORIDA

ELEVATOR INSPECTION REPORT

Page 1 **of** 1

Signature [Signature]

Print Name [Name]

CEI # [Number]

Phone Number [Number]

SERIAL NUMBER	0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1
2	3	4	5	6	7	8	9	0	1	2
3	4	5	6	7	8	9	0	1	2	3
4	5	6	7	8	9	0	1	2	3	4
5	6	7	8	9	0	1	2	3	4	5
6	7	8	9	0	1	2	3	4	5	6
7	8	9	0	1	2	3	4	5	6	7
8	9	0	1	2	3	4	5	6	7	8
9	0	1	2	3	4	5	6	7	8	9

FOR VIOLATION CODES, PLEASE GO TO: <http://www.myfloridalicense.com/DBPR/elevator-safety/>

VIOLATION 1	VIOLATION 2	VIOLATION 3	VIOLATION 4	VIOLATION 5	VIOLATION 6	VIOLATION 7	VIOLATION 8	VIOLATION 9
E 0 1 2 3 4 5 6 7 8 9	E 0 1 2 3 4 5 6 7 8 9	E 0 1 2 3 4 5 6 7 8 9	E 0 1 2 3 4 5 6 7 8 9	E 0 1 2 3 4 5 6 7 8 9	E 0 1 2 3 4 5 6 7 8 9	E 0 1 2 3 4 5 6 7 8 9	E 0 1 2 3 4 5 6 7 8 9	E 0 1 2 3 4 5 6 7 8 9

COMMENTS AND BRIEF DESCRIPTION WITH CODE CITATION

CERTIFIED ELEVATOR INSPECTOR

PERSON RECEIVING THIS REPORT

If violations are cited, this report constitutes an Order to Correct as outlined in s. 399.061(4), Florida Statutes. Violations must be corrected within 90 days in accordance with s. 399.105(4), Florida Statutes.

Signature [Signature]

Print Name [Name]

Title [Title]

Phone Number [Number]

I certify that I have personally performed or witnessed:

Routine inspection

Periodic tests as prescribed by ASME A17.1

Acceptance inspection of new or altered installation as recommended by the ASME A17.2 Inspectors Manual

Violations cited on the previous inspection report have been corrected.

Installation meets or exceeds minimum standards of Chapter 399, Florida Statutes, and Chapter 30 of the Florida Building Code adopted by Rule 9B-3.047, Florida Administrative Code.

Signature [Signature]

Print Name [Name]

CEI # [Number]

Phone Number [Number]

THIS DEVICE

Complies With

Does Not Comply With

Is Exempt From

Section 399.15, Florida Statutes: Regional emergency elevator access/fire key requirements.

Signature [Signature]

Print Name [Name]

Title [Title]

Phone Number [Number]

NOTICE TO CERTIFIED ELEVATOR INSPECTOR

Completed inspection report must be submitted to the Bureau of Elevator Safety within five (5) working days of inspection.

INSPECTION DATE			CERTIFIED ELEVATOR INSPECTOR (CEI) #		
Month	Day	Year	Month	Day	Year
05	24	24	09	47	
01	02	21	01	02	21
02	03	22	02	03	22
03	04	23	03	04	23
04	05	24	04	05	24
05	06	25	05	06	25
06	07	26	06	07	26
07	08	27	07	08	27
08	09	28	08	09	28
09	10	29	09	10	29
		30			30

TYPE OF INSPECTION

Routine

Alteration Acceptance

Callback

Construction

Initial Acceptance

Temporary Operating Inspection

DBPR USE ONLY

Accident

Complaint

Compliance Monitoring

Industry Oversight/Audit

TIME IN: 8:00

TIME OUT: 4:00

Building Name: Royal Palm Yacht Club

Building Address: 9100 Spruce Lake Blvd

City: Palm Beach

Zip Code: 33461

DEFINITIONS

CEI - FL Certified Elevator Inspector

CET - FL Certified Elevator Technician

REC - FL Registered Elevator Company

State of Florida

ELEVATOR INSPECTION REPORT

Page 1 of 1

REC # 4141

Inspection Company Name: Gulf Coast Elevator, Inc.

Signature: [Signature]

Print Name: [Name]

Phone Number: [Number]

SERIAL NUMBER

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

FOR VIOLATION CODES, PLEASE GO TO: <http://www.myfloridalicense.com/DBPR/elevator-safety/>

SUPERVISOR OF CONSTRUCTION

I certify that as the elevator company supervisor, I directly supervised the construction or installation of this elevator.

Signature: [Signature]

Print Name: [Name]

Phone Number: [Number]

VIOLATION 1	VIOLATION 2	VIOLATION 3	VIOLATION 4	VIOLATION 5	VIOLATION 6	VIOLATION 7	VIOLATION 8	VIOLATION 9
E 0 1 2 3 4 5 6 7 8 9	H 0 1 2 3 4 5 6 7 8 9	S 0 1 2 3 4 5 6 7 8 9	M 0 1 2 3 4 5 6 7 8 9	E 0 1 2 3 4 5 6 7 8 9	H 0 1 2 3 4 5 6 7 8 9	S 0 1 2 3 4 5 6 7 8 9	M 0 1 2 3 4 5 6 7 8 9	E 0 1 2 3 4 5 6 7 8 9

COMMENTS AND BRIEF DESCRIPTION WITH CODE CITATION

PERSON RECEIVING THIS REPORT

If violations are cited, this report constitutes an Order to Correct as outlined in s. 399.061(4), Florida Statutes. Violations must be corrected within 90 days in accordance with s. 399.105(4), Florida Statutes.

Signature: [Signature]

Print Name: [Name]

Phone Number: [Number]

CERTIFIED ELEVATOR INSPECTOR

I certify that I have personally performed or witnessed:

Routine inspection

Periodic tests as prescribed by ASME A17.1

Acceptance inspection of new or altered installation as recommended by the ASME A17.2 Inspectors Manual

Violations cited on the previous inspection report have been corrected.

Installation meets or exceeds minimum standards of Chapter 399, Florida Statutes, and Chapter 30 of the Florida Building Code adopted by Rule 9B-3.047, Florida Administrative Code.

Signature: [Signature]

Print Name: [Name]

Phone Number: [Number]

Signature: [Signature]

Print Name: [Name]

Phone Number: [Number]

NOTICE TO CERTIFIED ELEVATOR INSPECTOR

Completed inspection report must be submitted to the Bureau of Elevator Safety within five (5) working days of inspection.

INSPECTION DATE		
Month	Day	Year
05	24	24

CERTIFIED ELEVATOR INSPECTOR (CEI) #		
0	9	4
7		

TYPE OF INSPECTION

Routine

Alteration Acceptance

Callback

Construction

Initial Acceptance

Temporary Operating Inspection

DBPR USE ONLY

Accident

Complaint

Compliance Monitoring

Industry Oversight/Audit

TIME IN 8:00

TIME OUT 4:00

Building Name Palm Springs Royal Palms Trafalgar

Building Address 3400 Pringle Blvd

City Palm Springs

Zip Code 33461

State of Florida

ELEVATOR INSPECTION REPORT

Inspection Company Name Gold Coast Elec. Insp. #414

REC #

SUPERVISOR OF CONSTRUCTION

I certify that as the elevator company supervisor, I directly supervised the construction or installation of this elevator. Or see attached elevator installation affidavit.

Signature

Print Name

Phone Number

CEI #

CEI #

SERIAL NUMBER		
0	29	36

FOR VIOLATION CODES, PLEASE GO TO: <http://www.myfloridalicense.com/DBPR/elevator-safety/>

VIOLATIONS

VIOLATION 1	VIOLATION 2	VIOLATION 3	VIOLATION 4	VIOLATION 5	VIOLATION 6	VIOLATION 7	VIOLATION 8	VIOLATION 9
H106								
0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
E H S M O	E H S M O	E H S M O	E H S M O	E H S M O	E H S M O	E H S M O	E H S M O	E H S M O

COMMENTS AND BRIEF DESCRIPTION WITH CODE CITATION

Phone calls 911 it can not H106

CERTIFIED ELEVATOR INSPECTOR

I certify that I have personally performed or witnessed:

- Routine inspection
- Periodic tests as prescribed by ASME A17.1
- Acceptance inspection of new or altered installation as recommended by the ASME A17.2 Inspectors Manual
- Violations cited on the previous inspection report have been corrected.
- Installation meets or exceeds minimum standards of Chapter 399, Florida Statutes, and Chapter 30 of the Florida Building Code adopted by Rule 9B-3.047, Florida Administrative Code.

PERSON RECEIVING THIS REPORT

If violations are cited, this report constitutes an Order to Correct as outlined in s. 399.06(1)(4), Florida Statutes. Violations must be corrected within 90 days in accordance with s. 399.105(4), Florida Statutes.

Pass
 Fail

Signature

Print Name

Phone Number

PLEASE DO NOT WRITE BELOW THIS LINE

Signature

Print Name

Phone Number

CEI #

NOTICE TO CERTIFIED ELEVATOR INSPECTOR

Completed inspection report must be submitted to the Bureau of Elevator Safety within five (5) working days of inspection.

INSPECTION DATE		
Month	Day	Year
05	24	24
0	1	21
0	1	22
0	1	23
0	1	24
0	1	25
0	1	26
0	1	27
0	1	28
0	1	29
0	1	30

CERTIFIED ELEVATOR INSPECTOR (CEI) #		
0	9	7
0	1	2
0	1	3
0	1	4
0	1	5
0	1	6
0	1	7
0	1	8
0	1	9

TYPE OF INSPECTION
<input checked="" type="radio"/> Routine
<input type="radio"/> Alteration Acceptance
<input type="radio"/> Callback
<input type="radio"/> Construction
<input type="radio"/> Initial Acceptance
<input type="radio"/> Temporary Operating Inspection
DBPR USE ONLY
<input type="radio"/> Accident
<input type="radio"/> Complaint
<input type="radio"/> Compliance Monitoring
<input type="radio"/> Industry Oversight/Audit

TIME IN	TIME OUT
8:00	4:00

State of Florida
ELEVATOR INSPECTION REPORT
 Inspection Company Name: Gulf Coast Elevator, Inc.
 REC # 414

Building Name: Reverend John Goodwin Mayfair
 Building Address: 3300 Spruells Blvd
 City: Palmer Park, FL
 Zip Code: 32941

SERIAL NUMBER		
0	2	9
0	1	3
0	1	6
0	1	2
0	1	3
0	1	4
0	1	5
0	1	6
0	1	7
0	1	8
0	1	9

FOR VIOLATION CODES, PLEASE GO TO: <http://www.myfloridalicense.com/DBPR/elevator-safety/>

VIOLATIONS

VIOLATION 1	VIOLATION 2	VIOLATION 3	VIOLATION 4	VIOLATION 5	VIOLATION 6	VIOLATION 7	VIOLATION 8	VIOLATION 9
E H S M O 0 1 2 3 4 5 6 7 8 9	E H S M O 0 1 2 3 4 5 6 7 8 9	E H S M O 0 1 2 3 4 5 6 7 8 9	E H S M O 0 1 2 3 4 5 6 7 8 9	E H S M O 0 1 2 3 4 5 6 7 8 9	E H S M O 0 1 2 3 4 5 6 7 8 9	E H S M O 0 1 2 3 4 5 6 7 8 9	E H S M O 0 1 2 3 4 5 6 7 8 9	E H S M O 0 1 2 3 4 5 6 7 8 9

COMMENTS AND BRIEF DESCRIPTION WITH CODE CITATION

Phone call 911 room not SMH 1106
 Elevator call 911
 H1106

PERSON RECEIVING THIS REPORT

If violations are cited, this report constitutes an Order to Correct as outlined in s. 399.061(4), Florida Statutes. Violations must be corrected within 90 days in accordance with s. 399.105(4), Florida Statutes.

Pass
 Fail

Signature: _____ Title: _____
 Print Name: _____ Phone Number: _____
 PLEASE DO NOT WRITE BELOW THIS LINE

CERTIFIED ELEVATOR INSPECTOR

I certify that I have personally performed or witnessed:

- Routine inspection
- Periodic tests as prescribed by ASME A17.1
- Acceptance inspection of new or altered installation as recommended by the ASME A17.2 Inspectors Manual
- Violations cited on the previous inspection report have been corrected.
- Installation meets or exceeds minimum standards of Chapter 399, Florida Statutes, and Chapter 30 of the Florida Building Code adopted by Rule 9B-3.047, Florida Administrative Code.

- This device
- Complies With
 - Does Not Comply With
 - Is Exempt From Section 399.15, Florida Statutes: Regional emergency elevator access/fire key requirements.

Signature: _____ CEI # _____
 Print Name: _____ Phone Number: _____

NOTICE TO CERTIFIED ELEVATOR INSPECTOR
 Completed inspection report must be submitted to the Bureau of Elevator Safety within five (5) working days of inspection.

9/11
 9/11
 9/11
 9/11
 9/11

PRESS FIRMLY - YOU ARE MAKING 3 COPIES

DBPR Form HR 5023-003 (January 2020)

INSPECTION DATE		
Month	Day	Year
05	24	20

CERTIFIED ELEVATOR INSPECTOR (CEI) #		
0	9	4

TYPE OF INSPECTION		
<input type="radio"/>	Routine	0
<input type="radio"/>	Alteration Acceptance	0
<input type="radio"/>	Callback	0
<input type="radio"/>	Construction	0
<input type="radio"/>	Initial Acceptance	0
<input type="radio"/>	Temporary Operating Inspection	0
<input type="radio"/>	DBPR USE ONLY	0
<input type="radio"/>	Accident	0
<input type="radio"/>	Complaint	0
<input type="radio"/>	Compliance Monitoring	0
<input type="radio"/>	Industry Oversight/Audit	0

TIME IN	TIME OUT
8:00	9:00

State of Florida
ELEVATOR INSPECTION REPORT
 Inspection Company Name: REC # 414
 Building Name: Palm Springs Road Palm - Oxford
 Building Address: 3200 Spruill Rd Blvd
 City: Palm Springs
 Zip Code: 33461

CEI - FL Certified Elevator Inspector
 CET - FL Certified Elevator Technician
 REC - FL Registered Elevator Company

SUPERVISOR OF CONSTRUCTION
 I certify that as the elevator company supervisor, I directly supervised the construction or installation of this elevator.
 Or see attached elevator installation affidavit.
 Signature: _____
 Print Name: _____
 Phone Number: _____

SERIAL NUMBER		
0	2	9

FOR VIOLATION CODES, PLEASE GO TO: <http://www.myfloridalicense.com/DBPRElevator-safety/>

VIOLATION 1	VIOLATION 2	VIOLATION 3	VIOLATION 4	VIOLATION 5	VIOLATION 6	VIOLATION 7	VIOLATION 8	VIOLATION 9
H 106 0 1 0 0 0 1 2 3 4 5 6 7 8 9 E H S M O	H 106 0 1 0 0 0 1 2 3 4 5 6 7 8 9 E H S M O	H 202 0 1 0 0 0 1 2 3 4 5 6 7 8 9 E H S M O	0 1 0 0 0 1 2 3 4 5 6 7 8 9 E H S M O	0 1 0 0 0 1 2 3 4 5 6 7 8 9 E H S M O	0 1 0 0 0 1 2 3 4 5 6 7 8 9 E H S M O	0 1 0 0 0 1 2 3 4 5 6 7 8 9 E H S M O	0 1 0 0 0 1 2 3 4 5 6 7 8 9 E H S M O	0 1 0 0 0 1 2 3 4 5 6 7 8 9 E H S M O

COMMENTS AND BRIEF DESCRIPTION WITH CODE CITATION

Ever heard bell not within 500 to 550
 Please call 911 for service = 11
 Light on protection
 WITH NO PROTECTION T. 7 350
 H 106
 H 106
 H 203
 Signature: _____
 Title: _____
 Print Name: _____
 Phone Number: _____

PERSON RECEIVING THIS REPORT

If violations are cited, this report constitutes an Order to Correct as outlined in s. 399.061(4), Florida Statutes. Violations must be corrected within 90 days in accordance with s. 399.105(4), Florida Statutes.

Pass
 Fail

CERTIFIED ELEVATOR INSPECTOR

I certify that I have personally performed or witnessed:

- Routine inspection
- Periodic tests as prescribed by ASME A17.1
- Acceptance inspection of new or altered installation as recommended by the ASME A17.2 Inspectors Manual
- Violations cited on the previous inspection report have been corrected.
- Installation meets or exceeds minimum standards of Chapter 399, Florida Statutes, and Chapter 30 of the Florida Building Code adopted by Rule 9B-3.047, Florida Administrative Code.

This device
 Complies With
 Does Not Comply With
 Is Exempt From
 Section 399.15, Florida Statutes:
 Regional emergency elevator
 accessible key requirements.

NOTICE TO CERTIFIED ELEVATOR INSPECTOR
 Completed inspection report must be submitted to the Bureau of Elevator Safety within five (5) working days of inspection.

PLEASE DO NOT WRITE BELOW THIS LINE