

400-601 Elevator & Lift HW Version

Keywords

CASE #	:	<input type="text" value="asfsfd"/>
Supplemental Code	:	<input type="text" value="asfsfd"/>
OCC Date/Time	:	<input type="text" value="12/03"/>
Incident Description	:	<input type="text" value="asfsfd"/>
Comp Code	:	<input type="text" value="asfsfd"/>
Phase	:	<input type="text" value="asfsfd"/>

Location Code

Location Code	:	<input type="text" value="asfsfd"/>
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Name

Name	:	<input type="text" value="asfsfd"/>
Manor # / Location	:	<input type="text" value="asfsfd"/>
Resident ID #	:	<input type="text" value="asfsfd"/>
License Plate #	:	<input type="text" value="asfsfd"/>
Decal #	:	<input type="text" value="sfsf"/>

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LAGUNA WOODS VILLAGE SECURITY DIVISION Elevator & Lift INCIDENT REPORT S-CODE - 0185 - ELEVATOR PROBLEM/CHAIR LIFT Routing: Project Engineer I Form 400-601 rev 12/3/16(rs)			CASE#		
		DATE 12/03	WEEKDAY WED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
LOCATION	BLDG # - APT #	STREET / INTERSECTING STREET #		P _____ PHASE #	D _____ BLOCK #

R P	LAST NAME	FIRST NAME	BLDG# - APT#	ID # / PASS #	phone#	WC#
	INVOLVEMENT: INFORMANT		IDENTITY: <input type="checkbox"/> R. OWNER <input type="checkbox"/> V.GUEST <input type="checkbox"/> U.NON-RES OWNER <input type="checkbox"/> L. LESSEE <input type="checkbox"/> C.CARGIVER <input type="checkbox"/> P. VMS EMP			

SECTION 1: GENERAL INSPECTION *check all that apply*

POWER OUTAGE TO BUILDING *No further action. DO NOT call Elevator Service. DO NOT post Out of Order signs.*

OCCUPANT TRAPPED, OR INJURED BY ELEVATOR; Call OCFA and Elevator Service.

IF NEITHER OF THE ABOVE CONDITONS APPLIES, PRESS CALL BUTTON LIGHT AT GROUND /FIREST FLOOR. IS IT ON?

NO *Post "Out of Order" signs and call the Elevator Service. No further action required.*

YES *Complete Elevator Testing Procedure listed below.*

ELEVATOR TESTING PROCEDURE :

- 1) CALL ELEVATOR TO THE GROUND/FIRST FLOOR. RIDE ELEVATOR TO THE THIRD FLOOR.
- 2) STEP OUT OF THE ELEVATOR & LET DOORS CLOSE.
- 3) PRESS THE CALL BUTTON & STEP IN THE ELEVATOR ONCE THE DOORS OPEN.
- 4) RIDE THE ELEVATOR DOWN TO THE NEXT DOOR;
- 5) REPEAT STEPS 3 AND 4 UNTIL BACK TO THE LOWEST FLOOR.
- 6) COMPLETE OBSERVATIONS IN THE SECTIONS BELOW.

<p>SECTION 2: UNUSAL NOISES <input type="checkbox"/> NONE</p> <p>FLOOR:</p> <p><input type="checkbox"/> GROUND <input type="checkbox"/> SECOND</p> <p><input type="checkbox"/> FIRST <input type="checkbox"/> THIRD</p> <p>NOISE DESCRIPTION:</p> <p><input type="checkbox"/> GRINDING <input type="checkbox"/> BUZZING</p> <p><input type="checkbox"/> HUMMING <input type="checkbox"/> CHATTERING</p> <p><input type="checkbox"/> OTHER : _____</p> <p>NOISE LOCATION:</p> <p><input type="checkbox"/> DOORS <input type="checkbox"/> ABOVE ELEVATOR</p> <p><input type="checkbox"/> MACHINE ROOM <input type="checkbox"/> BELOW ELEVATOR</p> <p><input type="checkbox"/> OTHER : _____</p>	<p>SECTION 3: ELEVATOR DOORS <input type="checkbox"/> NONE</p> <p><input type="checkbox"/> SLOW <input type="checkbox"/> SCRAPING <input type="checkbox"/> SLAMMING</p> <p><input type="checkbox"/> REOPENING INTERMITTIENTLY</p> <p><input type="checkbox"/> DOORS STUCK OPEN AT FLOOR# _____</p> <p><input type="checkbox"/> STOP SWTTCH PULLED UPON ARRIVAL</p> <p><input type="checkbox"/> ODOR : _____</p> <p><input type="checkbox"/> OTHER : _____</p> <hr/> <p>SECTION 4: MISCELLANEOUS ITEMS <input type="checkbox"/> NONE</p> <p><input type="checkbox"/> LIGHTS OUT <input type="checkbox"/> SLOW OPERATION</p> <p><input type="checkbox"/> EXCESSIVE VIBRATION <input type="checkbox"/> PHONE OUT OF SERVICE</p> <p><input type="checkbox"/> STOP SWTTCH PULLED UPON ARRIVAL</p> <p><input type="checkbox"/> ODOR : _____</p> <p><input type="checkbox"/> OTHER : _____</p>
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CASE #

SECTION 5: DISPOSITION

AMTECH ELEVATOR CONTACTED : _____

OUT OF ORDER SIGNS POSTED

OTHER :

AM

PM

NO PROBLEM FOUND / OPERATION OK

OTHER ELEVATOR CO. CONTACTED: _____

PROBLEM RESOLVED BY OFFICER

SERVICE REQUEST#(SSR):

ADDITIONAL INFORMATION :

REPORTING OFFICER:

X

PRINT

SUPERVISOR:

X

PRINT

EMPLOYEE #:

DATE:

TIME #:

AM

PM

EMPLOYEE #:

DATE:

TIME #:

AM

PM

APPROVED BY

X

DATE: