

REQUEST FOR ACCEPTANCE INSPECTION

Note: The information on this form is collected to administer the provisions of the Safety Standards Act and section 26 of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information & Privacy Analyst at 1-866-566-7233.

Safety Officer:	Requested Inspection Date:
Technical Safety BC Unit Number:	Installation Building Name:
Installation Address:	

Inspection Request Type

New Installation	Construction Hoist (Section 5.10) Final Acceptance	
Major Alteration	Partial Acceptance Final Acceptance	
Minor Alteration	Final Acceptance	
Construction Hoist	Initial Extension Final	
Complies with applicable Act and Regulations and safety codes for Elevating Devices:		Yes No
Complies with applicable Act and Regulations and safety codes for equipment in hoistways, control and machine rooms:		Yes No
A Maintenance Control Program (MCP) will be in place at time of inspection and viewable on site at all times as applicable (new installation, new major alterations)		Yes

Requested by Registered Elevating Contractor

Name of Contractor:	Phone No.:
Email Address:	
Mechanic Name (responsible for inspection):	Certification No.: CED
Contact Phone No.:	
Name & Title of Co. Officer:	
Signature of Company Officer:	Date:
<input type="checkbox"/> Checking this box and submitting this form to Technical Safety BC via email constitutes your authorization. This has the same effect as submitting a handwritten signature	

Confirmed by General Contractor the site and elevating device are ready for requested inspection:

Name of General Contractor:	Phone No.:
Name & Title of Co. Officer:	

ANY CANCELLATIONS OR RE-INSPECTIONS WILL BE SUBJECT TO ADDITIONAL FEES