County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

ELEVATOR/ESCALATOR INSPECTION PROGRAM
CERTIFICATE OF COMPLIANCE

Name of Building Owner/Agent:_____

Address:_____

Elevator Maintenance Company's Name:_____

Address:_____

Type of Machinery:_____
(elevator/escalator, etc.)

Address of Machinery:_____

Machinery Number (if applicable):_____

Date of Last Inspection:_____ Type of Inspection:_____
(periodic/routine, etc.)

I hereby certify that all violations listed in the last inspection report have been corrected: (List all violations below).

_____

_____

_____

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_____

_____

_____

Name (Please Print):_____

Title:_____

Company Name:_____

Address:_____

Telephone:_____ Date:_____

Signature:_____

REVISED 12/28/05

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Land Development Services, Commercial Inspections Division
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www.fairfaxcounty.gov/dpwes