

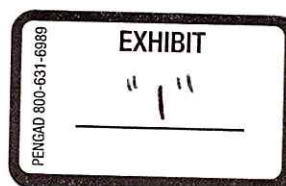
DBPR INTERAGENCY AGREEMENT  
BETWEEN THE DEPARTMENT OF BUSINESS AND PROFESSIONAL  
REGULATION, DIVISION OF HOTELS AND RESTAURANTS AND CITY OF MIAMI  
BEACH FOR DELEGATION OF STATUTORY AUTHORITY TO REGULATE  
AND ENFORCE ELEVATOR SAFETY

This Agreement is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 2020, by and between the Department of Business and Professional Regulation, Division of Hotels and Restaurants, hereinafter referred to as the DEPARTMENT, and City of Miami Beach, by and through the City of Miami Beach Public Works, Elevator Safety Division, hereinafter referred to as the CONTRACTOR. Pursuant to this Agreement, the CONTRACTOR shall issue elevator construction permits, repair and alteration permits, temporary elevator operation permits and certificates of operation; shall provide and conduct elevator inspections; and, shall enforce the applicable provisions of the Florida Building Code, as required by Chapter 399, Florida Statutes, ("Elevator Safety Act"); and Rule Chapter 61C-5, Florida Administrative Code, ("Florida Elevator Safety Code") on elevator equipment located in and throughout City of Miami Beach not already subject to a contracted delegation of authority pursuant to the requirements of Chapter 399, and Rule Chapter 61C-5, Florida Administrative Code. In recognition of a jurisdictional Agreement between the Department and City of Miami Beach, the City of Miami Beach Public Works, Elevator Safety Division, will retain contracted jurisdictional authority of equipment located in its own properties owned and/or operated by City of Miami Beach, irrespective of location within City of Miami Beach. Contractual services shall begin, \_\_\_\_\_, or upon full execution of this Agreement, whichever is the earlier date and services shall end on June 30, 2030.

This Agreement is subject to the following provisions:

SPECIAL PROVISIONS

- 1) INDEPENDENT CONTRACTOR: The CONTRACTOR shall perform and render the agreed upon services herein as an independent contractor and not as an agent, representative, or employee of the DEPARTMENT, in a proper and satisfactory manner as determined by the DEPARTMENT in its sole discretion.
- 2) INCORPORATION: This Agreement incorporates in full, as if fully set forth herein, the provisions of the Elevator Safety Act, Florida Elevator Safety Code and Chapters 30 and 35 of the Florida Building Code, as these provisions exist and as they may be amended in the future.
- 3) COMMUNICATIONS: The DEPARTMENT agrees to have open and direct lines of communication with the CONTRACTOR, by providing DBPR staff telephone numbers to CONTRACTOR designated personnel, and by agreeing to provide advance copies of Industry Bulletins and Technical Advisories to the CONTRACTOR before they are published and released to vendors, elevator contractors, license holders and other industry stakeholders.





The CONTRACTOR likewise agrees to have open and direct lines of communication with the DEPARTMENT, by providing City of Miami Beach staff telephone numbers to DEPARTMENT designated personnel, and by agreeing to provide advance copies of Industry Bulletins and Technical Advisories and other key documents to the DEPARTMENT before they are published and released to vendors, elevator contractors, license holders and other industry stakeholders.

- 4) ASSIGNABILITY: This Agreement is exclusive and personal and may not be assigned by the CONTRACTOR in whole or in part, except that in the event an emergency situation temporarily prevents the CONTRACTOR from performing its obligations hereto, the CONTRACTOR may request written permission from the DEPARTMENT to solicit assistance from any other municipality or county that has entered into a similar interagency Agreement with the DEPARTMENT to issue elevator construction permits, repair and alteration permits, temporary elevator operation permits and certificates of operation; provide and conduct elevator inspections; and enforce applicable provisions of the Florida Building Code, as required by the Elevator Safety Act and Florida Elevator Safety Code. Emergency assistance shall not exceed six (6) months without prior approval from the DEPARTMENT.
- 5) CONSIDERATION FOR SERVICES: Except as otherwise stated herein, in consideration for the services performed pursuant to this Agreement, the CONTRACTOR is entitled to collect and retain those statutorily authorized fees and administrative fines, as provided in the Elevator Safety Act and Florida Elevator Safety Code, associated with the responsibilities and obligations to be performed herein, which fees and administrative fines would otherwise be collected by the DEPARTMENT. This Agreement does not address, prohibit nor endorse, legally or otherwise, any additional fees and administrative fines imposed by the local jurisdiction.
- 6) CONTRACTOR SERVICES: The CONTRACTOR shall perform the following services:
  - a. The CONTRACTOR shall conduct elevator inspections in accordance with Sections 399.061 and 399.13, Florida Statutes. The CONTRACTOR shall ensure that each inspection is competently performed by the holder of a valid certified elevator inspector credential, issued by the DEPARTMENT, and maintained in good standing. As provided in Section 399.13, Florida Statutes, the certified inspector shall be independent or an employee of the CONTRACTOR. For each inspection performed the inspector shall complete an Elevator Inspection Report, using either of the approved forms, which are attached hereto and incorporated by reference as Attachments "IA" and "IIA". The CONTRACTOR shall assume responsibility for inspector compliance with elevator inspection standards referenced in ASME A17.2, Guide for Inspection of Elevators, Escalators, and Moving Walks and for correcting any deficient performance by inspectors it supervises through employment or contractual relationship. The DEPARTMENT, however, shall retain sole authority for disciplining an inspector's professional credential certification.

- b. The CONTRACTOR shall enforce the applicable provisions of the Florida Building Code, as required by the Elevator Safety Act, Florida Elevator Safety Code, and all other applicable and authorized elevator laws, rules and local ordinances, against any elevator owner or other person in violation thereof, except as otherwise provided in this section. "All enforcement activity shall be conducted in accordance with the provisions of Chapters 120, 162 and 399, Florida Statutes, and Chapter 14 - City of Miami Beach City Code and applicable Florida Administrative Code."

The DEPARTMENT, however, shall retain all authority with respect to professional credentials issued pursuant to Chapter 399, Florida Statutes. The CONTRACTOR shall not issue professional credentials nor shall it enforce the credentialing provisions of Chapter 399, Florida Statutes. The CONTRACTOR may issue local jurisdiction summons and collect administrative fines from credentialed persons or credentialed companies for violating the provisions of the Elevator Safety Act and the Florida Elevator Safety Code. However, the CONTRACTOR shall report to the DEPARTMENT all known or suspected violations of Chapter 399, Florida Statutes, or the Florida Elevator Safety Code, committed by holders of a DEPARTMENT issued professional credential within thirty (30) days of discovery.

- c. The CONTRACTOR shall provide the DEPARTMENT with a Monthly Activity Report, using either of the approved forms, which are attached hereto and incorporated by reference as Attachments "IB" and "IIB". The Monthly Activity Report shall include the number of elevator permit applications received and issued, the number of elevator inspections and callbacks conducted, complaints and accidents received, inspected and resolved, and the number of actions initiated to enforce the provisions of the Elevator Safety Act and Florida Elevator Safety Code. Such report is due to the DEPARTMENT within thirty (30) days of the end of the month in which activity is reported.
- d. The Elevator Safety Act requires that an elevator owner or representative report any accident occurring on or in an elevator within five (5) working days of the accident to the DEPARTMENT using an Elevator Owner Accident Report, using either of the approved forms, which are attached hereto and incorporated by reference as Attachments "ID" and "IID". However, if the accident occurs within the City of Miami Beach, a copy of any accident report shall be forwarded to the DEPARTMENT within thirty (30) days.
- e. The CONTRACTOR shall maintain accurate records and documentation, including copies of all elevator permit applications received and issued, all elevator inspection reports issued and all elevator certificate of operation applications received and issued, pursuant to the requirements of Section 399.13, Florida Statutes.



- f. The CONTRACTOR acknowledges and agrees that all records and reports required by this Agreement, the Elevator Safety Act, or Florida Elevator Safety Code, are subject to inspection by the DEPARTMENT. The CONTRACTOR shall maintain all such records according to the retention schedule employed by the DEPARTMENT'S Bureau of Elevator Safety.
- g. The CONTRACTOR shall not issue an elevator Certificate of Operation until, the elevator or vertical conveyance passes its initial or final inspection as applicable, the elevator company supervisor signs an Affidavit, using either of the approved certificates and forms, which are attached hereto and incorporated as Attachments "IC" and "IIC", and witnessed by the CONTRACTOR'S inspector, which sets forth that the elevator company supervisor directly supervised construction or installation of the elevator.
- h. The CONTRACTOR agrees to establish a Quality Assurance Program in consultation with, and approved by, the DEPARTMENT, to conduct quality assurance inspections and to provide the DEPARTMENT with copies of the quality assurance inspection reports. A copy of any quality assurance inspection report shall be forwarded to the DEPARTMENT within sixty (60) days of the quality assurance inspection. The DEPARTMENT will conduct oversight and monitor inspections as necessary.

7) CONTRACTOR RESPONSIBILITIES: The CONTRACTOR shall be responsible for:

- a. CONTRACTOR agrees to process all certificates and permits it issues, and electronically store data, specified below, related to the regulation of elevators, issuance of permits, certificates of operation, for each item specified in Section 399.13, Florida Statutes until this Agreement terminates.
- b. CONTRACTOR agrees to provide the electronic data specified below to the DEPARTMENT, not later than sixty (60) days prior to and until termination of this Agreement by either party, in comma-delimited text format that will merge into the DEPARTMENT'S 'Versa: Regulation' licensing data software, or any successor and then-current licensing data management software, with minimal need for data conversion programming. CONTRACTOR'S failure to provide the specified data in such a format not later than sixty (60) days prior to the termination of this Agreement is a breach of this Agreement. CONTRACTOR will reimburse the DEPARTMENT within sixty (60) days of receipt of an itemized invoice from the DEPARTMENT for all actual and reasonable costs incurred in good faith by the DEPARTMENT to merge the specified data into the DEPARTMENT'S 'Versa: Regulation' licensing data software, or any successor and then current licensing data management software, whether such costs are attributable to work performed by the DEPARTMENT or a source external to the DEPARTMENT. If the need arises, in the sole determination by the DEPARTMENT, to undertake data conversion in anticipation of the termination of this Agreement, the Contractor agrees to provide full cooperation and

unobstructed access to the DEPARTMENT'S staff or any external resource engaged in the conversion work to merge the CONTRACTOR'S data with the DEPARTMENT'S 'Versa: Regulation' licensing data software, or any successor and then-current licensing data management software. CONTRACTOR shall abide by the requirements of Department Information Technology Resources and Data Access Security, which is attached hereto and incorporated by reference as Attachment "IV".

- c. The following specific electronic data is required for conversion at a minimum, for each item specified in section 399.13, Florida Statutes, to include: elevator permit applications, permits issued, and certificates of operation issued, and the following:
  1. License information, continually maintained: City of Miami Beach Elevator Certificate Number, prior State Serial Number, Licensee Name, Classification Code (equivalent to state codes current at time of migration), Mailing Street Address, Mailing Address Line 2, Mailing Address Line 3, Location City, Location State Code, Location Zip Code, Location County Code, Location Phone Number, License Status Code (equivalent to state codes current at time of migration), License Secondary Status Code (equivalent to state codes current at time of migration), Original Date of Issue, Expiration Date, Number of Landings, Capacity (in pounds), Travel distance (in feet), Speed Up (feet per minute), Speed Down (feet per minute), and installing Company and date installed. In addition: Service Contract Number and Status: Current; Maintenance Company Name, Address, and License Number; Beginning and Ending Date (of service contract).
  2. Inspection information, maintained for the preceding five years: City of Miami Beach Elevator Certificate Number, prior State Serial Number, Inspection Date, Inspection Type Code (equivalent to state codes current at time of migration), Violation Codes, Number of Violations, Certified Elevator Inspector Number.
- 8) CONTRACTOR may grant variances and waivers to the Florida Elevator Safety Code, as authorized in rule and consistent with the provisions of Chapter 120, Florida Statutes.

#### GENERAL PROVISIONS

- 1) APPROPRIATION: This is a no-cost Agreement for the DEPARTMENT. The CONTRACTOR is responsible for all costs associated with the performance of this Agreement.
- 2) CANCELLATION: This Agreement may be terminated by either party by giving one hundred and eighty (180) days written notice of cancellation to the other party; said notice shall be sufficient if it is delivered to the party personally or mailed by certified mail to the mailing address as specified herein. In case of cancellation, only the costs actually accrued



for services satisfactorily performed prior to the date of cancellation shall be considered incurred, and all work in progress shall remain the property of the DEPARTMENT and shall be delivered to the DEPARTMENT. The CONTRACTOR shall abide by the electronic data merge and cost reimbursement requirements due the DEPARTMENT within sixty (60) days prior to and until termination of this Agreement.

- 3) COMPLIANCE: For the purpose of ensuring compliance with the provisions of this Agreement and the provisions of the Elevator Safety Act and Florida Elevator Safety Code, the DEPARTMENT may at any time verify compliance with applicable standards, assess the effectiveness of the CONTRACTOR'S inspection and enforcement activities and verify the accuracy of the inspections performed. The DEPARTMENT will notify the CONTRACTOR in writing of any deficiencies noted and provide appropriate documentation when necessary. The CONTRACTOR shall remedy the deficiencies noted within thirty (30) days of receipt of notice. Upon a finding by the DEPARTMENT that the CONTRACTOR has failed to comply with or enforce the applicable provisions of the Florida Building Code, as required by the Elevator Safety Act and Florida Elevator Safety Code, or has violated the terms of this Agreement, the DEPARTMENT may cancel this Agreement by giving CONTRACTOR immediate written notice of cancellation.
- 4) ENTIRE AGREEMENT: This Agreement and attachments "IA" (DBPR Elevator Inspection Report) and "IIA" (City of Miami Beach Elevator Inspection Report), "IB" (DBPR Monthly Activity Report) and "IIB" (City of Miami Beach Monthly Activity Report), "IC" (DBPR Construction Supervisor Affidavit signatory form for a Certificate of Operation) and "IIC" (City of Miami Beach Construction Supervisor Affidavit), "ID" (DBPR Elevator Owner Accident Report) and "IID" (City of Miami Beach Elevator Owner Accident Report), and Attachment "IV" Department Information Technology Resources and Data Access Security attached hereto, constitute the entire Agreement of the parties; and no other Agreement or modification, expressed or implied, shall be binding on either party unless same shall be in writing and signed by both parties. This Agreement may not be orally modified. Any modification must be in writing, expressly titled a modification, amendment, or addendum to this Agreement, attached to this Agreement, and signed by both parties.
- 5) LIABILITY: Pursuant to this Agreement, the CONTRACTOR acts in the place of the DEPARTMENT and not on behalf of the DEPARTMENT as an agent or representative. Each party hereby assumes the acts or omissions of that party or its officers, agents or employees. Nothing herein is intended to serve as a waiver of sovereign immunity by any party to which sovereign immunity may be applicable. Nothing herein shall be construed, as consent by a state agency or political subdivision of the State of Florida to be sued by third parties in any matter arising out of this Agreement or any other contractual agreement. The CONTRACTOR shall be responsible for all costs incurred for performance of the delegated responsibilities herein and to the extent provided by law and subject to the limitations provided in Section 768.28, Florida Statutes, as same may be amended, indemnifies the Department of Business and Professional Regulation, the Division of Hotels And Restaurants, the Bureau of Elevator Safety, their employees and representatives for any action brought as a result of Contractor's acts or failure to act under this Agreement.

- 6) PUBLIC DOCUMENTS: The CONTRACTOR shall allow the public and DEPARTMENT access to all documentation relating to any action required pursuant to the provisions of this Agreement. Failure to permit such access may result in an action to enforce disclosure pursuant to Chapter 119, Florida Statutes, and the DEPARTMENT canceling this Agreement by giving CONTRACTOR immediate written notice of cancellation.
- 7) ATTORNEY'S FEES: Except as otherwise provided by law, the parties agree to be responsible for their own attorney's fees incurred in connection with disputes arising under the terms of this Agreement.
- 8) DISPUTES: This Agreement shall be governed by and construed in accordance with the laws of Florida. The CONTRACTOR agrees that venue to enforce any provision of this Agreement shall be in Leon County, Florida.
- 9) NOTICE TO CONTRACTOR: The DEPARTMENT shall consider the employment by any contractor of unauthorized aliens a violation of section 274A(e) of the Immigration and Nationalization Act. If CONTRACTOR violates this section, the DEPARTMENT may cancel this Agreement by giving CONTRACTOR immediate written notice of cancellation.
- 10) RENEWAL: This Agreement may be renewed for one additional ten-year term provided the DEPARTMENT is satisfied with the CONTRACTOR'S performance and provided that the CONTRACTOR notifies the DEPARTMENT in writing at least 180 days prior to expiration of its intent to renew.

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement between the Department of Business and Professional Regulation, Division of Hotels and Restaurants and City of Miami Beach on the respective dates under each signature: City of Miami Beach through its Board of City Commissioners, signing by and through its Chair or Vice Chair, or designee, authorized to execute same by commission action, and the STATE OF FLORIDA, signing by and through its Director, Department of Business and Professional Regulation, Division of Hotels and Restaurants, and Secretary of the Department of Business and Professional Regulation authorized to execute same.



STATE OF FLORIDA

STEVEN VON BODUNGEN, DIRECTOR  
Department of Business and Professional Regulation  
Division of Hotels and Restaurants  
2601 Blair Stone Road  
Tallahassee, Florida 32399-1011

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

HALSEY BESHEARS, SECRETARY  
Department of Business and Professional Regulation  
2601 Blair Stone Road  
Tallahassee, Florida 32399-0750

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Approved as to Form and substance

\_\_\_\_\_  
Attorney Name, General Counsel



CITY OF MIAMI BEACH, FLORIDA

ATTEST:

Rafael E. Granado, City Clerk

\_\_\_\_\_ day of \_\_\_\_\_, 2020

APPROVED AS TO  
FORM & LANGUAGE  
& FOR EXECUTION

*[Signature]* City Attorney      Date

## **ATTACHMENTS**

### **I. DBPR Forms**

- "A" – DBPR Elevator Inspection Report (Form HR 5023-003)
- "B" – DBPR Monthly Activity Report
- "C" – DBPR Construction Supervisor Affidavit signatory form for Certificate of Operation  
(see Supervisor of Construction attestation on Attachment A)
- "D" – DBPR Elevator Owner Accident Report (Form HR 7016)

### **II. City of Miami Beach APPROVED DBPR EQUIVALENT Forms** (provided by the CONTRACTOR)

- "A" – City of Miami Beach Elevator Inspection Report
- "B" – City of Miami Beach Monthly Activity Report
- "C" – City of Miami Beach Construction Supervisor Affidavit  
(similar to attestation on DBPR Attachment A)
- "D" – City of Miami Beach Elevator Owner Accident Report

### **III. reserved**

### **IV. Department Information Technology Resources and Data Access Security**



INSPECTION DATE				
0	0	0	0	14
1	1	1	1	15
2	2	2	2	16
3	3	3	3	17
4	4	4	4	18
5	5	5	5	19
6	6	6	6	20
7	7	7	7	21
8	8	8	8	22
9	9	9	9	13

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

TYPE OF INSPECTION	
<input 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
<b>DBPR USE ONLY</b>	
<input type="radio"/>	Accident
<input type="radio"/>	Complaint
<input type="radio"/>	Compliance Monitoring
<input type="radio"/>	Industry Oversight/Audit

TIME IN	State of Florida
TIME OUT	
Building Name	
Building Address	
City	

State of Florida

Page \_\_\_\_ of \_\_\_\_

# ELEVATOR INSPECTION REPORT

Inspection Company Name

REC #

Attachment-IC

**DEFINITIONS**  
 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

CEI #

CET #

Print Name

Phone Number

## VIOLATIONS

FOR VIOLATION CODES, PLEASE GO TO: [www.myfloridalicense.com/dbpr/hr/elevators.html](http://www.myfloridalicense.com/dbpr/hr/elevators.html)

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

## COMMENTS AND BRIEF DESCRIPTION WITH CODE CITATION

## 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.

Attachment-IA

Signature

CEI #

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

Signature

Title

Print Name

Phone Number

PLEASE DO NOT WRITE BELOW THIS LINE

## NOTICE TO CERTIFIED ELEVATOR INSPECTOR

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

**PERIODIC INSPECTION OF HYDRAULIC ELEVATORS**

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">TYPE OF INSPECTION</th> </tr> <tr><td>Periodic Inspection</td></tr> <tr><td>Compliance Inspection</td></tr> <tr><td>Complaint</td></tr> <tr><td>Other</td></tr> </table>	TYPE OF INSPECTION	Periodic Inspection	Compliance Inspection	Complaint	Other	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSPECTION ACTION</th> </tr> <tr><td>AP Pass</td></tr> <tr><td>PA Partial Pass</td></tr> <tr><td>Sealed</td></tr> <tr><td>Accident</td></tr> </table>	INSPECTION ACTION	AP Pass	PA Partial Pass	Sealed	Accident	<h2 style="margin: 0;">MIAMIBEACH</h2> <p style="margin: 0;">REPORT OF ELEVATOR VIOLATIONS</p>	<p><b>CITY OF MIAMI BEACH</b>  <b>PUBLIC WORKS</b>  <b>ELEVATOR SAFETY DIVISION</b>          1700 CONVENTION CENTER DRIVE, 1ST FLOOR          MIAMI BEACH FL 33139          Tel: 305-673-7275</p>
TYPE OF INSPECTION													
Periodic Inspection													
Compliance Inspection													
Complaint													
Other													
INSPECTION ACTION													
AP Pass													
PA Partial Pass													
Sealed													
Accident													
Owner/Agent: _____ Tel. No. _____ Received By: _____ Print: _____ Building Name: _____ Property Address: _____ Miami Beach, Florida Elevator Company: _____ Inspection Company: _____ Inspector Name: _____ CEI: No: _____			Serial No. _____ EBL No. _____ Case No. _____										
<b>VIOLATIONS: See Reverse Side for Description</b> 8.11.3.1.1 Inside the Car _____ 8.11.3.1.2 Machine Room _____ 8.11.3.1.3 Top-of-Car _____ 8.11.3.1.4 Outside the Hoistway _____ 8.11.3.1.5 Pit _____ 8.11.3.1.6 Firefighters' Service _____ 8.11.3.1.7 Working Platforms _____ 8.6.5.14 Periodic Test Cat 1 _____ 8.6.5.15 Periodic Test Cat 3 _____ 8.6.5.16 Periodic Test Cat 5 _____ 8.6.1 General Requirements _____ 8.6.4 Maintenance _____ Additional Violations / Comments _____			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th align="left" colspan="2">Time spent in this unit</th></tr> <tr> <td style="width:50%;">Start Time:</td> <td>_____</td> </tr> <tr> <td>End Time:</td> <td>_____</td> </tr> </table> <p><b>NOTICE TO ELEVATOR OWNER</b></p> <p>ANY VIOLATIONS NOTED MUST BE CORRECTED WITHIN 90 DAYS FROM THE DATE OF THIS INSPECTION. FAILURE BY OWNER TO COMPLY IS SUBJECT TO AN ADMINISTRATIVE FINE, IN ADDITION TO ANY OTHER PENALTY PROVIDED BY LAW. IF THIS ELEVATOR IS OPERATING UNDER A FULL SERVICE CONTRACT, NOTIFY YOUR ELEVATOR COMPANY IMMEDIATELY.</p> <p>A CERTIFICATE OF OPERATION WILL NOT BE ISSUED UNTIL ANY VIOLATIONS NOTED HAVE BEEN CORRECTED, A CLEAR INSPECTION REPORT HAS BEEN RECEIVED AND THE CERTIFICATE FEES PAID.</p> <p>THIS REPORT MUST BE RECEIVED BY THE CITY OF MIAMI BEACH WITHIN 5 BUSINESS DAYS OF THE INSPECTION DATE.</p>	Time spent in this unit		Start Time:	_____	End Time:	_____				
Time spent in this unit													
Start Time:	_____												
End Time:	_____												
I hereby certify that the above violations have been corrected. Elevator Contractor: _____ Title: _____ Date: _____ Owner / Developer: _____ Title: _____ Date: _____													

A17.1b-2013 [www.miamibeachfl.gov](http://www.miamibeachfl.gov) 11 2018



**WITNESSING OF HYDRAULIC ELEVATORS CATEGORY 1 PERIODIC TESTS**

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<input type="checkbox"/>	Accident																																																																
Owner/Agent: _____ Tel. No. _____ Received By: _____ Print: _____ Building Name: _____ Property Address: _____ Miami Beach, Florida Elevator Company: _____ Inspection Company: _____ Inspector Name: _____ CEI: No: _____			Serial No. _____ EBL No. _____ Case No. _____																																																														
<p align="center"><b>A17.1b-2013 8.6.5.14 Periodic Test Requirements — Category 1</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">8.6.5.14.1 Relief Valve Setting and System Pressure Test</td> <td>Passed</td> <td>Failed</td> <td>N/A</td> </tr> <tr> <td>8.6.5.14.2 Cylinders and Pressure Piping</td> <td>Passed</td> <td>Failed</td> <td>N/A</td> </tr> <tr> <td>8.6.5.14.3(a) Normal and Final Terminal Stopping Devices</td> <td>Passed</td> <td>Failed</td> <td>N/A</td> </tr> <tr> <td>8.6.5.14.3(b) Governors</td> <td>Passed</td> <td>Failed</td> <td>N/A</td> </tr> <tr> <td>8.6.5.14.3(c) Safeties</td> <td>Passed</td> <td>Failed</td> <td>N/A</td> </tr> <tr> <td>8.6.5.14.3(d) Oil Buffers</td> <td>Passed</td> <td>Failed</td> <td>N/A</td> </tr> <tr> <td>8.6.5.14.3(e) Firefighters' Emergency Operation</td> <td>Passed</td> <td>Failed</td> <td>N/A</td> </tr> <tr> <td>8.6.5.14.3(f) Standby or Emergency Power Operation</td> <td>Passed</td> <td>Failed</td> <td>N/A</td> </tr> <tr> <td>8.6.5.14.3(g) Power Operations of Door System</td> <td>Passed</td> <td>Failed</td> <td>N/A</td> </tr> <tr> <td>8.6.5.14.3(h) Emergency Terminal Speed-Limiting Device</td> <td>Passed</td> <td>Failed</td> <td>N/A</td> </tr> <tr> <td>8.6.5.14.3(h) Emergency Terminal Stopping Device</td> <td>Passed</td> <td>Failed</td> <td>N/A</td> </tr> <tr> <td>8.6.5.14.3(i) Low Oil Protection Operation</td> <td>Passed</td> <td>Failed</td> <td>N/A</td> </tr> <tr> <td>8.6.5.14.4 Flexible Hose and Fitting Assemblies</td> <td>Passed</td> <td>Failed</td> <td>N/A</td> </tr> <tr> <td>8.6.5.14.5 Pressure Switch</td> <td>Passed</td> <td>Failed</td> <td>N/A</td> </tr> </table>			8.6.5.14.1 Relief Valve Setting and System Pressure Test	Passed	Failed	N/A	8.6.5.14.2 Cylinders and Pressure Piping	Passed	Failed	N/A	8.6.5.14.3(a) Normal and Final Terminal Stopping Devices	Passed	Failed	N/A	8.6.5.14.3(b) Governors	Passed	Failed	N/A	8.6.5.14.3(c) Safeties	Passed	Failed	N/A	8.6.5.14.3(d) Oil Buffers	Passed	Failed	N/A	8.6.5.14.3(e) Firefighters' Emergency Operation	Passed	Failed	N/A	8.6.5.14.3(f) Standby or Emergency Power Operation	Passed	Failed	N/A	8.6.5.14.3(g) Power Operations of Door System	Passed	Failed	N/A	8.6.5.14.3(h) Emergency Terminal Speed-Limiting Device	Passed	Failed	N/A	8.6.5.14.3(h) Emergency Terminal Stopping Device	Passed	Failed	N/A	8.6.5.14.3(i) Low Oil Protection Operation	Passed	Failed	N/A	8.6.5.14.4 Flexible Hose and Fitting Assemblies	Passed	Failed	N/A	8.6.5.14.5 Pressure Switch	Passed	Failed	N/A	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="left" colspan="2">Time spent in this unit</th> </tr> <tr> <td>Start Time:</td> <td>_____</td> </tr> <tr> <td>End Time:</td> <td>_____</td> </tr> </table>	Time spent in this unit		Start Time:	_____	End Time:	_____
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No Load (PSI): _____ Full Load (PSI): _____ Relief (PSI): _____ Additional Comments: _____ Tests performed by: _____ Elevator Technician: _____ CC: _____ Date: _____			<p align="center"><b>NOTICE TO ELEVATOR OWNER</b></p> <p>PER CHAPTER 61C-5 FLORIDA ELEVATOR SAFETY CODE, SERVICE MAINTENANCE CONTRACT, RULE 61C-5.013(2):</p> <p>A SERVICE MAINTENANCE CONTRACT AS DEFINE BY SECTION 399.01(10), F.S., MUST INCLUDE ROUTINE EXAMINATIONS AND PERIODIC SAFETY TESTS AND MEET THE FOLLOWING MINIMUM REQUIREMENTS:</p> <p>(b) ROUTINE EXAMINATIONS SHALL BE PERFORMED AT LEAST ANNUALLY. CATEGORY 1 PERIODIC SAFETY TESTS, AS DEFINED IN ASME A17.1, AS ADOPTED BY REFERENCE IN RULE 61C-5.001, SHALL BE PERFORMED ANNUALLY.</p>																																																														

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# PERIODIC INSPECTION OF ELECTRIC TRACTION ELEVATORS

TYPE OF INSPECTION		INSPECTION ACTION		<p><b>REPORT OF ELEVATOR VIOLATIONS</b></p>	<p><b>CITY OF MIAMI BEACH PUBLIC WORKS ELEVATOR SAFETY DIVISION</b> 1700 CONVENTION CENTER DRIVE, 1ST FLOOR MIAMI BEACH FL 33139 Tel. 305 673-7225</p>
Periodic Inspection	AP	Pass			
Compliance Inspection	PA	Partial Pass			
Complaint		Sealed			
Other		Accident			
<p>Owner/Agent: _____ Tel. No. _____</p> <p>Received By: _____ Print: _____</p> <p>Building Name: _____</p> <p>Property Address: _____ Miami Beach, Florida</p> <p>Elevator Company: _____ Inspection Company: _____</p> <p>Inspector Name: _____ CEI: No: _____</p>				<p>Serial No. _____</p> <p>EBL No. _____</p> <p>Case No. _____</p> <p>INSPECTION DATE: _____</p>	
<p><b>VIOLATIONS: See Reverse Side for Description</b></p> <p>8.11.2.1.1 Inside the Car _____</p> <p>8.11.2.1.2 Machine Room _____</p> <p>8.11.2.1.3 Top-of-Car _____</p> <p>8.11.2.1.4 Outside the Hoistway _____</p> <p>8.11.2.1.5 Pit _____</p> <p>8.11.2.1.6 Firefighters' Service _____</p> <p>8.11.2.1.7 Working Platforms _____</p> <p>8.6.4.19 Periodic Test Cat 1 _____</p> <p>8.6.4.20 Periodic Test Cat 5 _____</p> <p>8.6.1 General Requirements _____</p> <p>8.6.4 Maintenance _____</p> <p>Additional Violations / Comments _____</p>				<p>Time spent in this unit</p> <p>Start Time: _____</p> <p>End Time: _____</p> <p><b>NOTICE TO ELEVATOR OWNER</b></p> <p>ANY VIOLATIONS NOTED MUST BE CORRECTED WITHIN 90 DAYS FROM THE DATE OF THIS INSPECTION. FAILURE BY OWNER TO COMPLY IS SUBJECT TO AN ADMINISTRATIVE FINE, IN ADDITION TO ANY OTHER PENALTY PROVIDED BY LAW. IF THIS ELEVATOR IS OPERATING UNDER A FULL SERVICE CONTRACT, NOTIFY YOUR ELEVATOR COMPANY IMMEDIATELY</p> <p>A CERTIFICATE OF OPERATION WILL NOT BE ISSUED UNTIL ANY VIOLATIONS NOTED HAVE BEEN CORRECTED. A CLEAR INSPECTION REPORT HAS BEEN RECEIVED AND THE CERTIFICATE FEES PAID.</p> <p>THIS REPORT MUST BE RECEIVED BY THE CITY OF MIAMI BEACH WITHIN 5 BUSINESS DAYS OF THE INSPECTION DATE</p>	
<p>I hereby certify that the above violations have been corrected.</p> <p>Elevator Contractor: _____ Title: _____ Date: _____</p> <p>Owner / Developer: _____ Title: _____ Date: _____</p>					

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**WITNESSING OF ELECTRIC TRACTION ELEVATORS CATEGORY 1 PERIODIC TESTS**

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">TYPE OF INSPECTION</th> </tr> <tr> <td>Periodic Inspection</td> </tr> <tr> <td>Compliance Inspection</td> </tr> <tr> <td>Periodic Tests</td> </tr> <tr> <td>Other:</td> </tr> </table>	TYPE OF INSPECTION	Periodic Inspection	Compliance Inspection	Periodic Tests	Other:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSPECTION ACTION</th> </tr> <tr> <td>AP Pass</td> </tr> <tr> <td>PA Partial Pass</td> </tr> <tr> <td>Sealed</td> </tr> <tr> <td>Other:</td> </tr> </table>	INSPECTION ACTION	AP Pass	PA Partial Pass	Sealed	Other:	<div style="font-size: 24pt; font-weight: bold; margin-bottom: 5px;">MIAMIBEACH</div> <div>REPORT OF WITNESSING OF TESTS</div>	<div style="text-align: center;"> <b>CITY OF MIAMI BEACH</b>  <b>PUBLIC WORKS</b>  <b>ELEVATOR SAFETY DIVISION</b>  <small>1700 CONVENTION CENTER DRIVE, 1ST FLOOR  MIAMI BEACH FL 33139  Tel. 305-673-7225</small> </div>																																						
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<div style="text-align: center; font-weight: bold;">A17.1b-2013 8.6.4.19 Periodic Test Requirements — Category 1</div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Test Item</th> <th style="width:10%;">Passed</th> <th style="width:10%;">Failed</th> <th style="width:30%;">N/A</th> </tr> <tr><td>8.6.4.19.1 Oil Buffers</td><td></td><td></td><td></td></tr> <tr><td>8.6.4.19.2 Safeties</td><td></td><td></td><td></td></tr> <tr><td>8.6.4.19.3 Governors</td><td></td><td></td><td></td></tr> <tr><td>8.6.4.19.4 Slack-Rope Devices on Winding Drum Machines</td><td></td><td></td><td></td></tr> <tr><td>8.6.4.19.5 Normal and Final Terminal Stopping Devices</td><td></td><td></td><td></td></tr> <tr><td>8.6.4.19.6 Firefighters' Emergency Operation</td><td></td><td></td><td></td></tr> <tr><td>8.6.4.19.7 Standby or Emergency Power Operation</td><td></td><td></td><td></td></tr> <tr><td>8.6.4.19.8 Power Operation of Door System</td><td></td><td></td><td></td></tr> <tr><td>8.6.4.19.9 Broken Rope, Tape, or Chain Switch</td><td></td><td></td><td></td></tr> <tr><td>8.6.4.19.10 Written checkout procedure and E/E/PES test</td><td></td><td></td><td></td></tr> <tr><td>8.6.4.19.11 Ascending Car Overspeed Protection and Unintended Car Motion Devices</td><td></td><td></td><td></td></tr> </table>			Test Item	Passed	Failed	N/A	8.6.4.19.1 Oil Buffers				8.6.4.19.2 Safeties				8.6.4.19.3 Governors				8.6.4.19.4 Slack-Rope Devices on Winding Drum Machines				8.6.4.19.5 Normal and Final Terminal Stopping Devices				8.6.4.19.6 Firefighters' Emergency Operation				8.6.4.19.7 Standby or Emergency Power Operation				8.6.4.19.8 Power Operation of Door System				8.6.4.19.9 Broken Rope, Tape, or Chain Switch				8.6.4.19.10 Written checkout procedure and E/E/PES test				8.6.4.19.11 Ascending Car Overspeed Protection and Unintended Car Motion Devices				<div style="border: 1px solid black; padding: 5px;"> Time spent in this unit  Start Time: _____  End Time: _____ </div>
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Unintended Car Movement Stopping Distance (in): _____ Additional Comments: _____  Tests performed by: _____ Elevator Technician: _____ CC: _____ Date: _____			<div style="border: 1px solid black; padding: 5px;"> <b>NOTICE TO ELEVATOR OWNER</b>   PER CHAPTER 61C-5 FLORIDA ELEVATOR SAFETY CODE, SERVICE MAINTENANCE CONTRACT, RULE 61C-5.013(2):  A SERVICE MAINTENANCE CONTRACT AS DEFINE BY SECTION 399.01(10), F.S., MUST INCLUDE ROUTINE EXAMINATIONS AND PERIODIC SAFETY TESTS AND MEET THE FOLLOWING MINIMUM REQUIREMENTS:  (b) ROUTINE EXAMINATIONS SHALL BE PERFORMED AT LEAST ANNUALLY. CATEGORY 1 PERIODIC SAFETY TESTS, AS DEFINED IN ASME A17.1, AS ADOPTED BY REFERENCE IN RULE 61C-5.001, SHALL BE PERFORMED ANNUALLY. </div>																																																

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Page 2

Attachment-IIA

# WITNESSING OF ELECTRIC TRACTION ELEVATORS CATEGORY 5 PERIODIC TESTS

TYPE OF INSPECTION		INSPECTION ACTION		CITY OF MIAMI BEACH PUBLIC WORKS ELEVATOR SAFETY DIVISION 1700 CONVENTION CENTER DRIVE 1ST FLOOR MIAMI BEACH FL 33139 TEL: 305.672.7225	
Periodic Inspection	AP	Pass		REPORT OF WITNESSING OF TESTS	
Compliance Inspection	PA	Partial Pass			
Other:		Sealed			
Owner/Agent: _____		Tel. No. _____		Serial No. _____	
Received By: _____		Print: _____		EBL No. _____	
Building Name: _____				Case No. _____	
Property Address: _____		Miami Beach, Florida		INSPECTION DATE: _____	
Elevator Company: _____		Inspection Company: _____			
Inspector Name: _____		CEI: No: _____			
A17.1b-2013 8.6.4.20 Periodic Test Requirements — Category 5					
8.6.4.20.1	Car and Counterweight Safeties	Passed	Failed	N/A	<b>Time spent in this unit</b> <b>Start Time:</b> _____ <b>End Time:</b> _____ <b>NOTICE TO ELEVATOR OWNER</b> PER CHAPTER 61C.5 FLORIDA ELEVATOR SAFETY CODE, SERVICE MAINTENANCE CONTRACT, RULE 61C.5.013(1): A SERVICE MAINTENANCE CONTRACT AS DEFINED BY SECTION 399.01(10), F.S., MUST INCLUDE ROUTINE EXAMINATIONS AND PERIODIC SAFETY TEST AND MEET THE FOLLOWING MINIMUM REQUIREMENTS (b) ROUTINE EXAMINATIONS SHALL BE PERFORMED AT LEAST ANNUALLY. CATEGORY 1 PERIODIC SAFETY TEST, AS DEFINED IN ASME A17.1, AS ADOPTED BY REFERENCE IN RULE 61C.5.001, F.A.C., SHALL BE PERFORMED EVERY FIVE YEARS.
8.6.4.20.2	Governors	Passed	Failed	N/A	
8.6.4.20.3	Oil Buffers	Passed	Failed	N/A	
8.6.4.20.4	Braking System	Passed	Failed	N/A	
8.6.4.20.5	Emergency and Standby Power Operation	Passed	Failed	N/A	
8.6.4.20.6	Emergency Terminal Stopping and Speed-Limiting Devices	Passed	Failed	N/A	
8.6.4.20.7	Power Opening of Doors	Passed	Failed	N/A	
8.6.4.20.8	Leveling Zone and Leveling Speed	Passed	Failed	N/A	
8.6.4.20.9	Inner Landing Zone	Passed	Failed	N/A	
8.6.4.20.10	Emergency Stopping Distance	Passed	Failed	N/A	
8.6.4.20.11	Emergency Brake	Passed	Failed	N/A	
Governor Overspeed Switch Speed (ft/min): _____		Governor Tripping Speed (ft/min): _____			
Governor Rope Pull Thru Force (lbs): _____		Pull Out Force (lbs): _____			
Safety Stopping Distance (in): _____		Unintended Car Movement Stopping Distance (in): _____			
Additional Comments: _____		Contract Speed (ft/min): _____			
Tests performed by: _____					
Elevator Technician: _____		CC: _____		Date: _____	



**ESCALATORS/MOVING WALKS INSPECTION**

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="left" colspan="2">TYPE OF INSPECTION</th> </tr> <tr> <td><input type="checkbox"/> Periodic Inspection</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Compliance Inspection</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table>	TYPE OF INSPECTION		<input type="checkbox"/> Periodic Inspection		<input type="checkbox"/> Compliance Inspection		<input type="checkbox"/> Other:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="left" colspan="2">INSPECTION ACTION</th> </tr> <tr> <td><input type="checkbox"/> AP</td> <td>Pass</td> </tr> <tr> <td><input type="checkbox"/> PA</td> <td>Partial Pass</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sealed</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other:</td> </tr> </table>	INSPECTION ACTION		<input type="checkbox"/> AP	Pass	<input type="checkbox"/> PA	Partial Pass	<input type="checkbox"/>	Sealed	<input type="checkbox"/>	Other:	<div align="center" style="border: 1px solid black; padding: 5px;"> <b>REPORT OF ESCALATORS/MOVING WALKS VIOLATIONS</b> </div>	<p align="center"><b>CITY OF MIAMI BEACH PUBLIC WORKS ELEVATOR SAFETY DIVISION</b></p> <p align="center">1700 CONVENTION CENTER DRIVE, 1ST FLOOR MIAMI BEACH FL 33139 Tel 305-673-7225</p>											
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<b>VIOLATIONS: See Reverse Side for Description</b>																																
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I hereby certify that the above violations have been corrected. Elevator Contractor: _____ Title: _____ Date: _____ Owner / Developer: _____ Title: _____ Date: _____																																

# ESCALATOR/MOVING WALKS TESTING REPORT

TYPE OF INSPECTION	TYPE OF UNIT	INSPECTION ACTION	
Acceptance	Escalator	Pass	Sealed
Test Cat 1	Moving Walk	Partial Pass	Other
<p>*All fields must be filled out prior to submittal or form will be subject to return to return for completion*</p>		<p>PUBLIC WORKS - Elevator Safety Division 1700 Convention Center Dr., First Floor Miami Beach, FL 33139 Tel: 305-673-1225</p>	
Owner/Agent	Tel No.	Serial No.	
Received By	Print Name	EBL/BL No.	
Building Name		Case No.	
Property Address	Miami Beach, Florida	Inspection Date	/ /20
Elevator Company	Inspection Company	Start Time	AM PM
Inspector Name	CEI No.	End Time	AM PM
Violations - See Reverse Side for Description			
<b>ITEMS TO TEST</b>			
Vertical Comb Plate Impact - 150 lb/Max Center	Value	Pass Fail N/A	Value
Horizontal Comb Plate Impact - 800 lb/Max Center	Value	Pass Fail N/A	Value
	LEFT	RIGHT	LEFT
Horizontal Comb Plate Impact - 400 lb/Max	Value	P F N/A	Value
Handrail Entry	Pass Fail N/A	Pass Fail N/A	Pass Fail N/A
Broken Step Chain Switch	Pass Fail N/A	Pass Fail N/A	Pass Fail N/A
Step Level Device	Pass Fail N/A	Pass Fail N/A	Pass Fail N/A
Skirt Obstruction Device	Pass Fail N/A	Pass Fail N/A	Pass Fail N/A
Up Thrust Switch	Pass Fail N/A	Pass Fail N/A	Pass Fail N/A
Handrail Speed Sensor	Pass Fail N/A	Pass Fail N/A	Pass Fail N/A
	LOWER		UPPER
Pit Stop Switch	Pass Fail N/A		Pass Fail N/A
Stop Button & Buzzer	Pass Fail N/A		Pass Fail N/A
Brake Torque		Value	Pass Fail N/A
Broken Drive Chain Switch			Pass Fail N/A
Broken Drive Chain Device			Pass Fail N/A
Main Gear Locking Bar			Pass Fail N/A
Missing Step Device	Pass Fail N/A		Pass Fail N/A
Governor Speed Switch			Pass Fail N/A
Reversal Stop Switch			Pass Fail N/A
Starting Switches			Pass Fail N/A
Missing Floor Plate Sensor	Pass Fail N/A		Pass Fail N/A
Brake Shroud Switch	Pass Fail N/A		Pass Fail N/A
Motor Displacement Switch			Pass Fail N/A
Skirt Index		Skirt Deflector - Yes or No	Value
Item No:	Comments:		Code Reference:
Tests performed by	Elevator Technician	CC	Date





STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

**MONTHLY CONTRACTED ACTIVITY REPORT**

TO: Bureau of Elevator Safety - Compliance Section

FROM: \_\_\_\_\_ Reedy Creek Improvement District  
\_\_\_\_\_ City of Miami  
X \_\_\_\_\_ City of Miami Beach  
\_\_\_\_\_ Miami-Dade  
\_\_\_\_\_ Broward County

SUBJECT: ELEVATOR INSPECTION FOR THE MONTH OF \_\_\_\_\_ to \_\_\_\_\_

- |    |  |            |
|----|--|------------|
| 1  | ROUTINE/PERIODIC INSPECTIONS PERFORMED   |            |
| 2  | PERIODIC TESTS PERFORMED                 | Cat. 1,3,5 |
| 3  | INITIAL INSPECTIONS PERFORMED (FINAL)    |            |
| 4  | CALLBACK INSPECTIONS PERFORMED           |            |
| 5  | ALTERATION INSPECTIONS PERFORMED (FINAL) |            |
| 6  | CONSTRUCTION INSPECTIONS PERFORMED       |            |
| 7  | COMPLAINT INSPECTIONS PERFORMED          |            |
| 8  | ACCIDENT INSPECTIONS PERFORMED           |            |
| 9  | ELEVATORS SEALED FROM PUBLIC USE         |            |
| 10 | NEW ELEVATOR/ESCALATOR PERMITS ISSUED    |            |
| 11 | ALTERATION PERMITS ISSUED                |            |
| 12 | TEMPORARY OPERATION PERMITS ISSUED       |            |
| 13 | NUMBER OF ACCIDENTS REPORTED             |            |
| 14 | NUMBER OF COMPLAINTS REPORTED            |            |
| 15 | NUMBER OF ELEVATORS/ESCALATORS           |            |

TOTAL INSPECTIONS ( 1 THROUGH 8) \_\_\_\_\_

\_\_\_\_\_, CEI # \_\_\_\_\_  
REPRESENTATIVE OF CONTRACTED AGENCY

DATE \_\_\_\_\_

Attachment-IB

Start Date 12/02/2019

End Date 12/31/2019

[View Report](#)

1 of 1



ESTATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATIONS  
**MONTHLY CONTRACTED ACTIVITY REPORT**

**TO: Bureau of Elevator Safety - Compliance Section**

**FROM:** \_\_\_\_\_ Reedy Creek Improvement District  
\_\_\_\_\_ City of Miami  
X \_\_\_\_\_ City of Miami Beach  
\_\_\_\_\_ Miami Dade  
\_\_\_\_\_ Broward County

**SUBJECT:** ELEVATOR INSPECTION FOR THE MONTH OF December 12/02/2019 to 12/31/2019

ITEMS	INSPECTION TYPE	COUNT
1	ROUTINE/PERIODIC INSPECTIONS PERFORMED	31
2	PERIODIC TESTS PERFORMED cat 1,5	26
3	INITIAL INSPECTIONS PERFORMED (FINAL)	13
4	CALLBACK INSPECTIONS PERFORMED	31
5	ALTERATION INSPECTIONS PERFORMED FINAL	2
6	CONSTRUCTION INSPECTIONS PERFORMED	13
7	COMPLAINTS INSPECTIONS PERFORMED	1
10	NEW ELEVATOR/ESCALATOR PERMITS ISSUED	
11	ALTERATION PERMITS ISSUED	4
12	TEMPORARY OPERATION PERMITS ISSUED	5
15	NUMBER OF ELEVATORS/SCALATORS	2402

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Page 1 of 1

Attachment-IIB



INSPECTION DATE				
0	0	0	0	14
1	1	1	1	15
2	2	2	2	16
3	3	3	3	17
4	4	4	4	18
5	5	5	5	19
6	6	6	6	20
7	7	7	7	21
8	8	8	8	22
9	9	9	9	13

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

TYPE OF INSPECTION	
<input 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
<b>DBPR USE ONLY</b>	
<input type="radio"/>	Accident
<input type="radio"/>	Complaint
<input type="radio"/>	Compliance Monitoring
<input type="radio"/>	Industry Oversight/Audit

TIME IN	State of Florida
TIME OUT	
Building Name	
Building Address	
City	

Page \_\_\_\_ of \_\_\_\_

# ELEVATOR INSPECTION REPORT

Inspection Company Name	REC #
-------------------------	-------

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

**DEFINITIONS**  
 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	CEI #
Print Name	CET#
Phone Number	

**VIOLATIONS**  
 FOR VIOLATION CODES, PLEASE GO TO: [www.myfloridalicense.com/dbpr/hr/elevators.html](http://www.myfloridalicense.com/dbpr/hr/elevators.html)

VIOLATION 1	VIOLATION 2	VIOLATION 3	VIOLATION 4	VIOLATION 5	VIOLATION 6	VIOLATION 7	VIOLATION 8	VIOLATION 9
E	E	E	E	E	E	E	E	E
H	H	H	H	H	H	H	H	H
S	S	S	S	S	S	S	S	S
M	M	M	M	M	M	M	M	M
O	O	O	O	O	O	O	O	O
0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	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	Title
Print Name	Phone Number

☐ Pass  
☐ Fail

CERTIFIED ELEVATOR INSPECTOR	
I certify that I have personally performed or witnessed:	
<input type="radio"/> Routine inspection	This device <input type="radio"/> Complies With <input type="radio"/> Does Not Comply With <input type="radio"/> Is Exempt From Section 399.15, Florida Statutes. Regional emergency elevator access/fire key requirements.
<input type="radio"/> Periodic tests as prescribed by ASME A17.1	
<input type="radio"/> Acceptance inspection of new or altered installation as recommended by the ASME A17.2 Inspectors Manual	
<input type="radio"/> Violations cited on the previous inspection report have been corrected.	
<input type="radio"/> 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	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.

Attachment-IA

## SUPERVISOR AFFIDAVIT FOR NEW CONSTRUCTION OR ALTERATION

I, \_\_\_\_\_ (supervisor's name), do hereby attest that  
\_\_\_\_\_ (property name) constructed or located at  
\_\_\_\_\_ (property address) under Permit Number  
EVC/EVR#: \_\_\_\_\_ D/MB#: \_\_\_\_\_, was supervised by me and is in  
compliance with the applicable provisions of Florida Statutes, Chapter 399, the American Society of Mechanical Engineers  
(ASME) Standard A17.1 and the Florida Administrative Code, Chapter 61 C-5.

I represent \_\_\_\_\_ (elevator company name), as  
the supervisor of installation.

Elevator Certificate of Competency No: \_\_\_\_\_ Name of CC holder: \_\_\_\_\_

Supervisor's Signature (x) \_\_\_\_\_ Date: \_\_\_\_\_

THIS ORIGINAL SIGNED DOCUMENT MUST BE RETURNED TO THE ELEVATOR INSPECTOR ON THE DAY OF FINAL INSPECTION IN  
ORDER TO ISSUE A CERTIFICATE OF OPERATION FOR THE ELEVATOR DESCRIBED HEREIN IF NEW CONSTRUCTION OR ALTERATION.  
THIS DOCUMENT WILL THEN BE RETURNED TO THE PUBLIC WORKS – ELEVATOR SAFETY DIVISION BY THE ELEVATOR INSPECTOR.

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

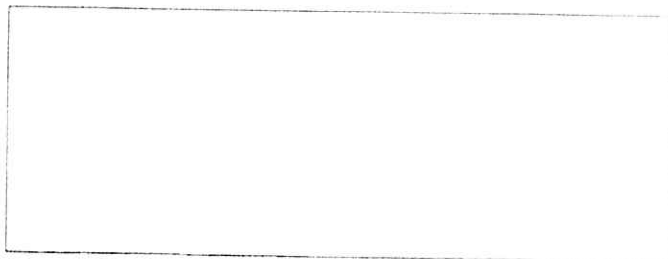
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_ (name of person acknowledging).

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Printed Name of Notary Public, State of Florida





**DBPR HR-7016 – Division of Hotels and Restaurants, Bureau of Elevator Safety  
Elevator Owners Accident Report**

Florida law requires certificate of operation holders to submit the following form to the division in the event of an elevator accident. Failure to file this report within five working days of the accident could result in a fine of up to \$1,000.

<b>SECTION 1 – EQUIPMENT LOCATION</b>							
License Number	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator	<input type="checkbox"/> Moving Walkway <input type="checkbox"/> Wheelchair Lift	Accident Date (mm/dd/yyyy)				
Owner Name			Business Name				
Building Address			City				
County	State	Zip Code	Phone Number				
<b>SECTION 2 - SERVICE MAINTENANCE</b>							
Is the elevator or escalator under a service maintenance contract? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
Name of Elevator Maintenance Company							
Was the elevator service maintenance company notified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate date (MM/DD/YYYY)			Most recent required test performed? <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years		Test Date (mm/dd/yyyy)		
<b>SECTION 3 – ACCIDENT DETAILS</b>							
Brief Narrative: (attach additional sheets as necessary)							
<b>PLEASE CHECK ALL THAT APPLY</b>							
Medical Attention Req'd <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Fall	<input type="checkbox"/> Bruises	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Hand	<input type="checkbox"/> Fingers	<input type="checkbox"/> Hair	<input type="checkbox"/> Other
	<input type="checkbox"/> Trip	<input type="checkbox"/> Cuts	<input type="checkbox"/> Arm	<input type="checkbox"/> Leg	<input type="checkbox"/> Knee	<input type="checkbox"/> Foot	<input type="checkbox"/> Toes <input type="checkbox"/> Torso
Other Factors: <input type="checkbox"/> Carryon Items/Packages <input type="checkbox"/> Stroller <input type="checkbox"/> Safety Issues <input type="checkbox"/> Mechanical <input type="checkbox"/> Other							
Clothing/Footwear Involved: <input type="checkbox"/> Sleeves <input type="checkbox"/> Purse <input type="checkbox"/> Shoes <input type="checkbox"/> Dress/skirt <input type="checkbox"/> Pants <input type="checkbox"/> Coat <input type="checkbox"/> Other							
Equipment Involved: <input type="checkbox"/> Door Open <input type="checkbox"/> Step–Stair Tread <input type="checkbox"/> Floor Leveling <input type="checkbox"/> Esc. Side Wall <input type="checkbox"/> Esc. Railing							
Witnessed Activities: <input type="checkbox"/> Unsafe Rider Behavior <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other							
Post Event Inspection Req'd <input type="checkbox"/> Y <input type="checkbox"/> N				Performed by:		Date	
(Optional) Unit Cleared for Continued Use: <input type="checkbox"/> Y <input type="checkbox"/> N				Cleared By:		CEI # Date	
<b>SECTION 4 – REPORTING SIGNATURE</b>							
Report Submitted by (print name)		Date		Title		Current Certificate ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
Signature				Phone Number		Contracted Jurisdiction	

**Disclaimer:** This report will assist the division in identifying ways to improve rider safety and will not be used to assign blame or liability. Florida law requires the elevator's certificate of operation holder to submit the report to the Bureau of Elevator Safety within 5 days of the accident. You may fill in the online form or Portable Document Format (PDF) version of this report, save it to your hard drive and e-mail it to: [thr.elevators@myfloridalicense.com](mailto:thr.elevators@myfloridalicense.com), or you may mail the report to:

**Department of Business and Professional Regulation,  
Division of Hotels and Restaurants, Bureau of Elevator Safety,  
2601 Blair Stone Road  
Tallahassee, FL 32399-1013  
Phone: 850.487.1395**

Attachment-ID



## ELEVATOR OWNERS ACCIDENT REPORT

Florida law requires certificate of operation holders to submit the following form to the division in the event of an elevator accident. Failure to file this report within 5 business days of the accident could result in a fine of up to \$1,000.00.

SECTION 1 – EQUIPMENT LOCATION			
License Number: _____		<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Moving Walkway <input type="checkbox"/> Wheelchair Lift	
Accident Date: ____/____/20		Time of Accident: Hour _____ Minute _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Owner Name: _____		Business Name: _____	
Property Address: _____			
City: _____	County: _____	State: _____	Zip Code: _____
Phone Number: (____) _____-____		Email Address: _____	
SECTION 2 – SERVICE MAINTENANCE			
Is the elevator or escalator under a service maintenance contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Name of Elevator Maintenance Company: _____			
Was the elevator service maintenance company notified? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, indicate date: ____/____/20		Most recent required test performed? <input type="checkbox"/> 6 MTH <input type="checkbox"/> 1 YR <input type="checkbox"/> 3 YR <input type="checkbox"/> 5YR	
		Test Date: ____/____/20	
SECTION 3 – ACCIDENT DETAILS			
Brief Narrative (attach additional sheets as necessary)			
Please check all that apply:		Medical Attention Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Fall <input type="checkbox"/> Bruises <input type="checkbox"/> Entrapment <input type="checkbox"/> Hand <input type="checkbox"/> Fingers <input type="checkbox"/> Hair <input type="checkbox"/> Other <input type="checkbox"/> Trip <input type="checkbox"/> Cuts <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Toes <input type="checkbox"/> Torso			
Other Factors: <input type="checkbox"/> Carry on Items/Packages <input type="checkbox"/> Stroller <input type="checkbox"/> Safety Issues <input type="checkbox"/> Mechanical <input type="checkbox"/> Other _____			
Clothing/Footwear Involved: <input type="checkbox"/> Sleeves <input type="checkbox"/> Purse <input type="checkbox"/> Shoes <input type="checkbox"/> Dress/Skirt <input type="checkbox"/> Pants <input type="checkbox"/> Coat <input type="checkbox"/> Other _____			
Equipment Involved: <input type="checkbox"/> Door Open <input type="checkbox"/> Step – Stair Tread <input type="checkbox"/> Floor Leveling <input type="checkbox"/> Escalator Side Wall <input type="checkbox"/> Escalator Railing			
Witnessed Activities: <input type="checkbox"/> Unsafe Ride Behavior <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other _____			
Post Event Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Performed By: _____ Date: ____/____/20	
Unit Cleared for Continued Use (Optional): <input type="checkbox"/> Yes <input type="checkbox"/> No		Cleared By: _____ CEI#: _____ Date: ____/____/20	
SECTION 4 – REPORTING SIGNATURE			
Current Certificate of Operation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Contracted Jurisdiction: _____			
Report Submitted By: _____ (Print Name)		Title: _____ Date: ____/____/20	
Signature (X) _____		Phone: _____	
DISCLAIMER:			
This report will assist the division in identifying ways to improve rider safety and will not be used to assign blame or liability. Florida law requires the elevator's certificate of operation holder to submit the report to the City of Miami Beach - Public Works - Elevator Safety Division within 5 business days of the accident. Keep a copy of this report and email it to <a href="mailto:joeygon@miamibeachfl.gov">joeygon@miamibeachfl.gov</a> or mail to the address above.			



## ATTACHMENT IV

### DEPARTMENT INFORMATION TECHNOLOGY RESOURCES AND DATA ACCESS SECURITY

The Contractor shall comply with Rule 74-2, Florida Administrative Code (F.A.C.), and comply with the following data security requirements in the event the Contractor has access to any Department data systems or software:

- a. Data Security Officer: The Contractor shall designate an appropriately skilled individual to function as its Data Security Officer. The Data Security Officer shall act as the liaison to the Department's Division of Technology and shall maintain an appropriate level of data security for the information the Contractor is collecting or using in the performance of this contract. An appropriate level of security includes submitting required access request documents for Department approval, and tracking all contractor employees that have access to any Departmental data system or information. The Data Security Officer shall ensure that user access to the data system or information is timely removed for all separated Contractor employees. The Contractor agrees to notify the Department's assigned contract manager in writing within twenty-four (24) hours of employee resignations or layoffs, and immediately for involuntary terminations for staff that have access to the Department's information systems. As applicable, the Contractor shall execute a network connection agreement that shall ensure compliance with Department security policies prior to connection to the Department's internal network as required by Rule 74-2, F.A.C.
- b. Security Policies and Attestation: All Contractor employees who have access to Departmental information technology systems and/or Department data shall be required to read and comply with all appropriate Department information technology security policies and shall sign and submit to the Department's assigned contract manager an attestation that they have read, understood and agree to comply with each policy. Upon execution of this contract, the Department's assigned contract manager shall provide a copy of all appropriate Department information technology security policies to the Contractor.
- c. Technology Access: The Department reserves the right, at its sole discretion, to grant permissions for access to Department network, systems, and data. Any staff employed by an entity under contract to the Department must be granted specific permission by the Department for access to the Department's network, systems, and data. The Department reserves the right to unilaterally suspend access for security reasons. Contractor employees shall be granted access to Department information technology resources based on the principles of "least privilege" and "need to know." The Department's assigned contract manager, in conjunction with the Department's Division of Technology, shall conduct quarterly access reviews of the Contractor's employees to ensure that access for separated employees was timely reported and removed.
- d. Employee Background Screening: Background screening is required for all Contractor employees hired as Information Technology workers with access to information processing facilities, or who have system, database, developer, network, or other administrative capabilities for systems, applications, or servers with risk categorization of moderate or high. The Contractor agrees to conduct Level 2 background screening for such employees as described in s. 435.05, F.S., and Rule 74-2, F.A.C., at the Contractor's expense. For other Contractor employees who request access to Department data or



information technology systems but do not fall into the above category, the Contractor agrees to conduct a Level 1 background screening as described in s. 110.1127 and s. 435.05, F.S., at the Contractor's expense. For each Contractor employee, the Contractor shall sign and submit to the Department's assigned contract manager an attestation, provided by the Department, that verifies the appropriate Level 1 or Level 2 background screening was completed and reviewed by the Contractor; that the screening has not revealed disqualifying information pursuant to ss. 435.03 (2) and (3), F.S. (for Level 1) or ss. 435.04 (2) and (3), F.S. (for Level 2), or computer-related crimes pursuant to Chapter 815, F.S.; and that the Contractor assumes responsibility for the employee's use of the Department's data and information resources.

- e. Employee Security Training: The Contractor shall provide information security awareness training to employees with access to Department information technology resources and data in accordance with Rule 74-2, F.A.C. Initial training shall be provided within 30 days of contract execution or employment start date, and annually thereafter. Employees with access to records that are exempt or confidential and exempt from public records disclosure requirements shall be given specialized training regarding access and use of this information. All information security awareness training materials used by the Contractor shall be submitted to the Department's assigned contract manager upon request. The Contractor shall maintain records of individuals who have completed initial and annual security awareness training and shall make these records available to the Department upon request.
- f. Data Protection: Vendors, contractors, and providers employed by the Department or acting on behalf of the Department shall comply with the Department's information technology security policies, and employ adequate security measures to protect agency information, applications, data, resources, and services. These measures include protecting technology resources through physical controls such as building security and strategic placement of computer monitors. If Department data will reside on the Contractor's system, the Department may conduct, or request the Contractor conduct at the Contractor's expense, an annual network penetration test or security audit of the Contractor's system on which Department data resides. No Department data or information shall be stored in, processed in, or shipped to offshore locations or out of the United States of America, regardless of method, except as required by law or expressly agreed to by the Department.
- g. Data Encryption: The Contractor shall make every effort to protect and avoid unauthorized release of any sensitive, exempt or confidential information by ensuring both data and storage devices are encrypted. If encryption of these devices is not possible, then the Contractor shall assure that unencrypted personal and confidential Departmental data will not be stored on unencrypted storage devices. Remote data access shall be provided via a trusted method such as SSL, TLS, SSH, VPN, IPsec or a comparable protocol approved by the Department.
- h. Sensitive, Exempt and Confidential Information: Vendors, contractors, and providers employed by the Department or acting on behalf of the Department shall protect sensitive, exempt and confidential information from unauthorized access and use as required by the Department's information technology security policies. Such information includes, but is not limited to, personal information as described in ss. 501.171(g), F.S. Access to sensitive, exempt and confidential data shall be granted to the Contractor and subcontractors by the Department on a need to know basis. Except as required by law or



legal process and after notice to the Department, the Contractor shall not divulge to third parties any sensitive, exempt or confidential information obtained by the Contractor or its agents, distributors, resellers, subcontractors, officers or employees in the course of performing contractual services.

- i. Investigation of Breaches: The Department shall have the right to investigate any error attributable to the Contractor relating to access or dissemination of exempt or confidential and exempt records, as well as any instance of lost or missing data. The Department may take appropriate legal action as a result of such investigation.
- j. Security Breach Notification: The Contractor agrees to notify the Department's assigned contract manager as soon as possible, but no later than 3 business days following the determination of any breach or potential breach of personal information and/or confidential departmental data. The Contractor shall provide notice to affected parties of a security breach in accordance with s. 501.171, F.S.
- k. Equipment Sanitization: The Contractor shall enforce a procedure for sanitizing surplus or transferred equipment to protect any sensitive or confidential Department data that may reside on that equipment. At a minimum, the Contractor shall ensure that sanitization is completed according to acceptable methods described in Rule 74-2, F.A.C., and provide documentation to the Department's Division of Technology, evidencing completion of the equipment sanitization.
- l. Contract Termination: Upon contract termination or expiration, the Contractor will:
  - i. Copies: Submit to the Department's assigned contract manager copies of all finished or unfinished documents, data studies, correspondence, reports and other products prepared by or for the Contractor under this contract; submit copies of all Department data to the Department in a format to be designated by the Department in accordance with s. 119.0701, F.S.; shred or erase parts of any retained duplicates containing personal information (as defined by s. 501.171, F.S.); all copies containing personal information must be made unreadable;
  - ii. Originals: Retain its original records such as data required by this contract and maintain (in confidence to the extent required by law) the Contractor's original records in un-redacted form, until the records retention schedule expires according to State of Florida General Records Schedule GS1-SL, and to reasonably protect such documents and data during any pending legal hold, investigation or audit;
  - iii. Both copies and originals: Upon expiration of all retention schedules and legal holds, audits or investigations, with notice to the Department, destroy all Department data from the Contractor's systems, including but not limited to, electronic data and documents containing personal information or other data that is confidential and exempt under Florida public records law.
- m. Subcontractors: The Contractor shall require that any entities subcontracting with the Contractor who are granted access to Department data or information technology systems comply with the data security requirements stated above.