

ELEVATING DEVICE CONDITION REPORT

As required by the *Elevators and Lifts General Regulations*
Under the *Elevators and Lifts Act*, S.N.S. 2002, c.4

This form is to be completed by the elevator mechanic maintaining the elevating device listed below for your licenced Elevator Contractor.

Owner and Device information:

Owner of the Device:		Phone:
Manufacturer:		
NSIN:	Installation Date: (if available)	
Location of Device:		
Civic #:	Street:	City/Town:
Type of Device (please check appropriate box):		
Elevators/Lifts	Barrier Free Access	Ski Hills
Passenger Hydraulic <input type="checkbox"/>	Vertical Platform Lifts <input type="checkbox"/>	Gondola <input type="checkbox"/>
Passenger Electric <input type="checkbox"/>	Stair Lifts <input type="checkbox"/>	Chair Lift <input type="checkbox"/>
Passenger Roped Hydraulic <input type="checkbox"/>		Rope Tow/Conveyor <input type="checkbox"/>
Freight Hydraulic <input type="checkbox"/>		T-Bar Lift <input type="checkbox"/>
Freight Electric <input type="checkbox"/>		Pony Lift <input type="checkbox"/>
Freight Roped Hydraulic <input type="checkbox"/>		Reversible Ropeway <input type="checkbox"/>
Dumbwaiter <input type="checkbox"/>		
Material Lift <input type="checkbox"/>		
LULA <input type="checkbox"/>		
Escalator <input type="checkbox"/>		
Manlift <input type="checkbox"/>		
Moving Walk <input type="checkbox"/>		
Other <input type="checkbox"/>		

Maintenance Statement: (not applicable to ski hills)

All applicable annual tests (Category 1) have been completed for the elevating device as per the adopted ASME A17.1/CSA-B44 Safety Code for elevators and escalators.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Identify the date of the last Category 5 testing that occurred on this device. If Category 5 testing is not yet due or overdue, please check appropriate box.	Date (M/D/Y): Not Yet Due <input type="checkbox"/> Overdue <input type="checkbox"/>
All applicable annual tests have been completed for the platform lifts and stair lifts for barrier-free access as per the adopted CSA B355 ANNEX B.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Mechanic	Signature	NSID	Date
Names of other Mechanics (see note below)	Signature	NSID	Date
Licensed Contractor Name (print)			
This device is under a maintenance contract with the licenced contractor named above and is being maintained in accordance with the <i>Nova Scotia Elevators and Lifts Act and General Regulations</i> .			
Note: If testing is completed by more than one mechanic, the names of all mechanics must be added to the form.			

Maintenance Statement for Passenger Ropeways: (Ski Hills only)

All applicable maintenance has been completed for the device as per the <i>Nova Scotia Elevators and Lifts Act and General Regulations</i> , and applicable requirements in CSA Z98 to ensure a safe operating condition.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Mechanic	Signature
Name of Mechanic	Signature
Licensed Contractor Name (print)	
This device is under a maintenance contract with the licenced contractor named above and is being maintained in accordance with the <i>Nova Scotia Elevators and Lifts Act and General Regulations</i> .	

This form will be required to be submitted annually to the following email address:

Email: NSBRInquiries@novascotia.ca

Subject Line: Condition Report

Need help? Contact us at 1 (800) 9LABOUR or 1 (800) 952-2687 (toll-free in Nova Scotia) online at <https://novascotia.ca/lae/equipmentsafety/elevator.asp>