DBPR Form HR 5023-003 (May 2016)

State of Florida Elev #5 Page ____ of ____

ELEVATOR INSPECTION REPORT

INSPECTION DATE		
Month	Day	Year
08	31	18

CERTIFIED ELEVATOR INSPECTOR (CEI) # 0743

TYPE OF INSPECTION
- [x] Routine
- [ ] Alteration Acceptance
- [ ] Callback
- [ ] Construction
- [ ] Initial Acceptance
- [ ] Temporary Operating Inspection

DBPR USE ONLY
- [ ] Accident
- [ ] Complaint
- [ ] Compliance Monitoring
- [ ] Industry Oversight/Audit

TIME IN

TIME OUT

Inspection Company Name: DBR

REC #: 388

SERIAL NUMBER: 04365

Building Name: Brickell on the River north

Building Address: 31 SE 5 St

City: Miami Fl.

Zip Code:

SCANTRON EW-28320946

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

VIOLATION 1	VIOLATION 2	VIOLATION 3	VIOLATION 4	VIOLATION 5	VIOLATION 6	VIOLATION 7	VIOLATION 8	VIOLATION 9
E601	B101	E303						

CENTRAL OFFICE COPY

COMMENTS AND BRIEF DESCRIPTION WITH CODE CITATION

B601 - Fire Service Phase II inoperative

B101 - Door open button inoperative.

E303 - Car top Inspection Station.

CERTIFIED ELEVATOR INSPECTOR

I certify that I have personally performed or witnessed:
- [x] Routine inspection
- [x] 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
- [x] Complies With
- [ ] Does Not Comply With
- [ ] Is Exempt From Section 399.15, Florida Statutes: Regional emergency elevator access/fire key requirements.

Signature | CEI # 743

Print Name: Antonio Hernandez | Phone Number: 305 443 9112

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
- [x] Fail

Signature | Title: Street Engineer

Print Name: Alex Morales | Phone Number: 786-417-0403

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.

DBPR Form HR 5023-003 (May 2016)

Elev # 4 Page ___ of ___

State of Florida

ELEVATOR INSPECTION REPORT

SCANTRON. EW-28320-4-6

CENTRAL OFFICE COPY

INSPECTION DATE: Month 08, Day 31, Year 18

CERTIFIED ELEVATOR INSPECTOR (CEI) #: 0743

TYPE OF INSPECTION
- (●) Routine
- ( ) Alteration Acceptance
- ( ) Callback
- ( ) Construction
- ( ) Initial Acceptance
- ( ) Temporary Operating Inspection

DBPR USE ONLY
- ( ) Accident
- ( ) Complaint
- ( ) Compliance Monitoring
- ( ) Industry Oversight/Audit

TIME IN

TIME OUT

Inspection Company Name: DEI

REC #: 388

Building Name: Brickell on the river north

Building Address: 31 SE 5 St

City: Miami FL.

Zip Code

SERIAL NUMBER: 043637

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

VIOLATION 1	VIOLATION 2	VIOLATION 3	VIOLATION 4	VIOLATION 5	VIOLATION 6	VIOLATION 7	VIOLATION 8	VIOLATION 9
E 000	E 000	E 000	E 000	E 000	E 000	E 000	E 000	E 000
H 111	H 111	H 111	H 111	H 111	H 111	H 111	H 111	H 111
S 222	S 222	S 222	S 222	S 222	S 222	S 222	S 222	S 222
M 333	M 333	M 333	M 333	M 333	M 333	M 333	M 333	M 333
O 444	O 444	O 444	O 444	O 444	O 444	O 444	O 444	O 444
555	555	555	555	555	555	555	555	555
666	666	666	666	666	666	666	666	666
777	777	777	777	777	777	777	777	777
888	888	888	888	888	888	888	888	888
999	999	999	999	999	999	999	999	999

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.

(●) Pass ( ) Fail

Signature | Title: Chief Engineer

Print Name: Alex Mazola | Phone Number: 786 417-0403

PLEASE DO NOT WRITE BELOW THIS LINE

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.

Signature | CEI # 743

Print Name: Arturo Hernandez | Phone Number: 305 443 9112

NOTICE TO CERTIFIED ELEVATOR INSPECTOR

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

Elev #1 Page ____ of ____

DBPR Form HR 5023-003 (May 2016)

State of Florida

ELEVATOR INSPECTION REPORT

SCANTRON. EW-283209-4.8

INSPECTION DATE: Month 08 Day 31 Year 18

CERTIFIED ELEVATOR INSPECTOR (CEI) #: 0743

TYPE OF INSPECTION
- (●) Routine
- ( ) Alteration Acceptance
- ( ) Callback
- ( ) Construction
- ( ) Initial Acceptance
- ( ) Temporary Operating Inspection

DBPR USE ONLY
- ( ) Accident
- ( ) Complaint
- ( ) Compliance Monitoring
- ( ) Industry Oversight/Audit

TIME IN

TIME OUT

Inspection Company Name: DEI

REC #: 3886

Building Name: Brickell on the river North

Building Address: 31 SE 5st

City: Miami Fl

Zip Code

SERIAL NUMBER: 04377 2

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

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
000	000	000	000	000	000	000	000	000
111	111	111	111	111	111	111	111	111
222	222	222	222	222	222	222	222	222
333	333	333	333	333	333	333	333	333
444	444	444	444	444	444	444	444	444
555	555	555	555	555	555	555	555	555
666	666	666	666	666	666	666	666	666
777	777	777	777	777	777	777	777	777
888	888	888	888	888	888	888	888	888
999	999	999	999	999	999	999	999	999

CENTRAL OFFICE COPY

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.

Signature [signature] CEI # 743

Print Name Arturo Hernandez Phone Number 305 443 9112

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 [signature] Title Chief Engineer

Print Name Alex Matos Phone Number 786-417-0403

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.

Elev #(2) Page ____ of ____

DBPR Form HR 5023-003 (May 2016)

State of Florida

ELEVATOR INSPECTION REPORT

INSPECTION DATE: Month 08, Day 31, Year 18

CERTIFIED ELEVATOR INSPECTOR (CEI) #: 0743

TYPE OF INSPECTION
- (●) Routine
- ( ) Alteration Acceptance
- ( ) Callback
- ( ) Construction
- ( ) Initial Acceptance
- ( ) Temporary Operating Inspection

DBPR USE ONLY
- ( ) Accident
- ( ) Complaint
- ( ) Compliance Monitoring
- ( ) Industry Oversight/Audit

TIME IN:

TIME OUT:

Inspection Company Name: DEI REC #: 388

Building Name: Brickell on the river north

Building Address: 31 SE 5 St

City: Miami Zip Code: FL

SERIAL NUMBER: 043773

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

VIOLATION 1	VIOLATION 2	VIOLATION 3	VIOLATION 4	VIOLATION 5	VIOLATION 6	VIOLATION 7	VIOLATION 8	VIOLATION 9
EHSMO 000	EHSMO 000	EHSMO 000	EHSMO 000	EHSMO 000	EHSMO 000	EHSMO 000	EHSMO 000	EHSMO 000

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.

(●) Pass ( ) Fail

Signature Title Chief Engineer

Print Name Alex Maseda Phone Number 786-417-0403.

PLEASE DO NOT WRITE BELOW THIS LINE

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.

Signature CEI # 743

Print Name Arturo Hernandez Phone Number 305 443 9112

NOTICE TO CERTIFIED ELEVATOR INSPECTOR: Completed inspection report must be submitted to the Bureau of Elevator Safety within five (5) working days of inspection.

SCANTRON EW-283209-4:6

CENTRAL OFFICE COPY

DBPR Form HR 5023-003 (May 2016)

State of Florida Elev # 3 Page ___ of ___

ELEVATOR INSPECTION REPORT

SCANTRON. EW-28320-4-6

CENTRAL OFFICE COPY

INSPECTION DATE: Month 08 Day 31 Year 18

CERTIFIED ELEVATOR INSPECTOR (CEI) #: 07493

TYPE OF INSPECTION
- (X) Routine
- ( ) Alteration Acceptance
- ( ) Callback
- ( ) Construction
- ( ) Initial Acceptance
- ( ) Temporary Operating Inspection

DBPR USE ONLY
- ( ) Accident
- ( ) Complaint
- ( ) Compliance Monitoring
- ( ) Industry Oversight/Audit

TIME IN:

TIME OUT:

Inspection Company Name: DEI

REC #: 388

Building Name: Brickell on the river north

Building Address: 81 SE 6 St

City: Miami Fl

Zip Code:

SERIAL NUMBER: 0937774

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

VIOLATION 1	VIOLATION 2	VIOLATION 3	VIOLATION 4	VIOLATION 5	VIOLATION 6	VIOLATION 7	VIOLATION 8	VIOLATION 9
E 000	E 000	E 000	E 000	E 000	E 000	E 000	E 000	E 000
H 011	H 011	H 011	H 011	H 011	H 011	H 011	H 011	H 011
S 022	S 022	S 022	S 022	S 022	S 022	S 022	S 022	S 022
M 033	M 033	M 033	M 033	M 033	M 033	M 033	M 033	M 033
O 044	O 044	O 044	O 044	O 044	O 044	O 044	O 044	O 044
055	055	055	055	055	055	055	055	055
066	066	066	066	066	066	066	066	066
077	077	077	077	077	077	077	077	077
088	088	088	088	088	088	088	088	088
099	099	099	099	099	099	099	099	099

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.

(X) Pass ( ) Fail

Signature Alex Mazals Title Asst Engineer

Print Name Phone Number 786-467-0403

PLEASE DO NOT WRITE BELOW THIS LINE

CERTIFIED ELEVATOR INSPECTOR

I certify that I have personally performed or witnessed:
- (X) Routine Inspection
- (X) 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
- (X) Complies With
- ( ) Does Not Comply With
- ( ) Is Exempt From

Section 399.15, Florida Statutes: Regional emergency elevator access/fire key requirements.

Signature CET# 743

Print Name Arturo Hernandez Phone Number 305 443 9112

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 TEST FOR TRACTION ELEVATORS

Job # [ ]

Track # [ ]

Date: 8/31/18 To

Building Name: Brickell on the River North

Building Address: 31 SE 5 St

Miami FL

DADE ELEVATOR
Inspections & Consulting
Address: P.O. Box 558396 Miami, Fl. 33255
Phone: (305) 443-9112 Fax: (305) 461-51
email: support@dadeinspections.com
website: www.dadeelevatorinspections.co

TYPE OF TEST	CAR & COUTERWEIGHT SAFETY	CAR & COUTERWEIGHT GOV	CAR & COUTERWEIGHT SAFETY	CAR & COUTERWEIGHT GOV	BRAKE	EMERG. TERM & SPEED LIMITS	EMERG. POWER TEST		FIRE RECALL	POWER DOOR OPERATION	LEV ZONE LEV. SPEED	OIL BUFFER TEST		FINAL AND NTSD	SAFETY CHAIN	DOOR THRUST
	1 YEAR	1 YEAR	5 YEAR	5 YEAR	5 YEAR	5 YEAR	1 YEAR	5 YEAR	1 YEAR	5 YEAR	5 YEAR	1 YEAR	5 YEAR	1 YEAR	1 YEAR	1 YEAR
ASME A17.1 Rule	1002.2b	1002.2c	1002.3a	1002.3b	1002.3d	1002.3d	1002.2g	1002.3c	1002.2f	1002.3g	1002.3h	1002.2a	1002.3c	1002.2c	1002.2i	1002.2h
43772	PASS	PASS					NT		PASS			PASS		PASS	PASS	PASS
43773	PASS	PASS					NT		PASS			PASS		PASS	PASS	PASS
43774	PASS	PASS					NT		PASS			PASS		PASS	PASS	PASS
43637	PASS	PASS					NT		PASS			PASS		PASS	PASS	PASS
43636	PASS	PASS					NT		Fail			PASS		PASS	PASS	PASS

COMMENTS: _____

Q.E.I. NAME: Arturo Hernandez Q.E.I. NUMBER: 743 Q.E.I. SIGNATURE: _____

Q.E.I. PHONE NUMBER: 305-443-9112 Q.E.I. BUSINESS NAME: Dade Elevator Inspections, Inc.

Q.E.I. BUISNESS ADDRESS: P.O. Box 558396 Miami, FL. 33255

MECHANICS NAME: Mrgdale C OF C NUMBER: 2361 MECHANICS SIGNATURE: _____

SERVICE COMPANY NAME: _____

N/A - NOT APPLICABLE X - FAILED REQUIRED TEST N.T. - NOT TESTED