



FP-73502
(Rev. 02/12)

The Commonwealth of Massachusetts

DEPARTMENT OF FIRE SERVICES Office of the State Fire Marshal Firefighter's Emergency Operation (FEO) (3502)



Return Completed Form to: elevator.supervisor@state.ma.us

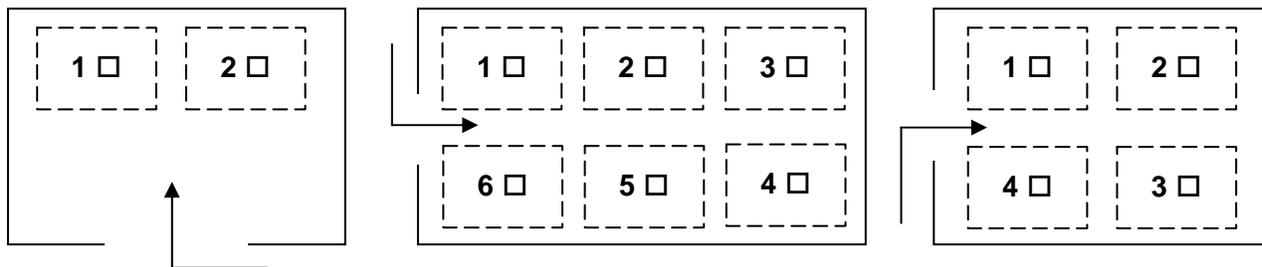
Date: _____	Time: _____	Incident #: _____	State Elevator ID#: _____
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Building Location: _____ **Building Height:** _____ **Stories:** _____

Capture Station Location: _____

Smoke Detector / Automatic Recall: Yes No **Type of Station:** 2 - Position (Command Post) 3 - Position

All cars are numbered from your left, clockwise.
Check the box that matches the location of the elevator.



Phase I Operation:

Actions: _____

Key inserts properly? Yes No Key withdraws in the ON position? Yes No

Did all the cars respond to Phase I Recall? Yes No

If not, what happened? _____

Phase II Operation:

Does the key insert and turn to the ON position properly? Yes No

Does the key remove from the ON position properly? Yes No

Does the key insert and turn to the HOLD position properly? Yes No

Does the key remove from the HOLD position properly? Yes No

If not, explain: _____

Does car respond to discharge floor, keeping doors closed on arrival? Yes No

If not, explain: _____

Do car doors open under "CONSTANT" pressure by car operator (taxi)? Yes No

Does Phase II Operation have a "DOOR HOLD" problem? Yes No

Emergency Generator:

Is the building required to have an Emergency Generator? (Refer to state elevator code.) Yes No

If so, where / how is it actuated? _____

Where is the Manual Transfer Station? _____

Is it Key or Toggle Operated? _____