Commonwealth of Massachusetts
Division of Professional Licensure
Office of Public Safety and Inspections

PRE-INSPECTION CHECKLIST – WHEELCHAIR LIFTS

This form is to certify that the following elevator State ID No: Location: is in compliance and ready for inspection.

- ☐ Proper Lighting
- ☐ Current Certificate Posted
- ☐ State ID Plates
- ☐ Code Data Plate
- ☐ Signage
- ☐ Doors/Gates
- ☐ Pan Switches (if required)
- ☐ Fire/Venting (if required)
- ☐ Alarm Bell
- ☐ Phone (if required)
- ☐ Signage
- ☐ Emergency Lowering

To be Completed by Authorized Representative of Elevator Company

Signature: **Date:** **Contractor Registration Number:**

By typing name above you agree that it is valid as your signature.

Pre-Inspection Checklist must be certified that the unit has been pre-tested prior to periodic inspection and available on site/in machine room at the time of Inspection 524 CMR 5.03 (8) (11)