



Office of the Fire Commissioner
 Inspection and Technical Services
 Winnipeg Office:
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 Winnipeg, Manitoba, Canada
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 Phone: 204-██████████



Elevator/Amusement Ride Inspection Report / Order to Remedy

Permit Number: <i>6015</i>	Owner' / #: <i>city of Winnipeg</i>
Inspection Location/Date: <i>251 Donald</i>	Contact Name/Phone/Email: ██████████
Label Number: <i>42456</i>	Device Name/Number: <i>Passenger Elevator</i>
COMMENTS:	

Code being enforced: B44-___ B355-___ C22.1-___ Z267-___ Z98-___ Z185-___

The following deficiencies have been identified and require the following corrective action(s) to be completed by the noted compliance date.

No.	Code Reference/ Article No.	Deficiency	Corrective Action	Compliance Date	
	<i>CD 15</i>	<i>Repair the emergency light and alarm in car</i>		<i>2016 01 30</i>	
	<i>CD 21</i>	<i>Repair the car door restrictor and it shall be made to work at all times</i>	██████████		
	<i>CD 06</i>	<i>The gap between the car door and car door jam shall be less than 10mm</i>	██████████		
	<i>H2 15</i>	<i>Install missing up thrust roller on main floor hall door.</i>			
	<i>CD 02</i>	<i>Repair the alarm bell in car.</i>			<i>2016 01 30</i>

***Additional information as required may be made on additional pages, and shall become part of this inspection report

Number of Additional Pages Attached:	
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Inspection Comments/Recommendations:

Applicable Fees For Re inspection Due To Order(s)	(As Per Elevator/Amusements Acts and Regulations)

Appeal of Order(s)

The person to whom the indicated order(s) has been directed to may submit a request for appeal of the order(s) to the Director.

The request must be in writing and must include:

- (a) The person's name and address and the reasons for requesting the appeal; and
- (b) A copy of the order.

A request for appeal of an order must be made within the following times:

- (a) If the order requires compliance in less than 14 days, within the time specified for compliance.
- (b) In any other case, within 14 days after the person received or is deemed to have received the order.

Date:	[REDACTED]
Inspector Name:	[REDACTED]
Inspection Address:	251 Donald Centennial Library Elev #6
Phone Number:	
Report provided to:	[REDACTED]

This report has been prepared for the above named client for the purposes of performing an inspection of the equipment named. The report is solely based on conditions existing on the above noted inspection date. No representation or responsibility is assumed whatsoever to third parties who rely on this report without authorization. The Owner or their Authorized Agent shall be solely responsible for ensuring that out the provisions in the Elevator/Amusements Act and Regulations are carried out.