



# NOTICE OF COMPLIANCE / COMPLETION

State Form 54178 (R2 / 5-16)

DEPARTMENT OF HOMELAND SECURITY  
 DIVISION OF FIRE AND BUILDING SAFETY  
 DIVISION OF ELEVATORS / AMUSEMENTS  
 302 West Washington Street, Room E241  
 Indianapolis, IN 46204  
 Telephone: (317) 232-2670  
 Fax: (317) 232-6609  
 E-mail: elevamuse@dhs.in.gov  
 Website: <http://www.in.gov/dhs/2625.htm>



**Stamp state number on sill and crosshead on elevators.**

**Stamp state number on outer frame of the deckplate top and bottom on escalators.**

State Number		Date (month, day, year)		Name of user	
Address of location (number and street, city, state, and ZIP code)					County
Name of owner					
Address of owner (number and street, city, state, and ZIP code)					
Elevator contractor			Manufacturer		
Number of floors	Type of doors	Door pressure	Front	Rear	
Type of unit			Capacity	Control	
Operating speed	Rated speed	Type of governor <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Trip speed	
Overspeed switch trip speed	Slide	Buffer test car	Counterweight		
Working pressure	Relief pressure	Shut off valve pressure	Total travel		
Top run by	Bottom run by	Refuge top	Refuge pit		
Flex hose date (month, day, year)	Nearest striking point	Hoistway vent	Machine room vent		
Sprinkler shunt trip test	All smoke / heat detectors tested	Two way communications	Emergency power		
<p>Check all that apply.</p> <input type="checkbox"/> In compliance with all applicable adopted codes IBC 675 IAC 13 <input type="checkbox"/> In compliance with all applicable adopted codes IEC 675 IAC 17 <input type="checkbox"/> All applicable safety tests performed satisfactorily for adopted: <input type="checkbox"/> ASME A17.1 <input type="checkbox"/> ASME A18.1 <input type="checkbox"/> ASME A90.1					
Signature of mechanic				Date (month, day, year)	
Printed name of mechanic				Mechanic number	

**AFFIRMATION OF THE OWNER**

I, the owner, or authorized officer of the owner, of the building in which the regulated lifting device is being installed or altered hereby affirm under penalties for perjury that:

1. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.
2. The regulated lifting device will be installed or altered in accordance with all applicable rules adopted by the commission and will not be changed from the design specified in the plans and specifications submitted with the application and released by the office.
3. The contractor responsible for the installation or alteration of the regulated lifting device was chosen under my direction and to the best of my knowledge and belief, after exercising due diligence, has the expertise necessary to install or alter the regulated lifting device in accordance with the rules adopted by the commission.
4. I hereby grant the authority to and require all individuals employed by either the contractor or the owner to immediately suspend the operation of the regulated lifting device upon discovering a condition that could result in the unsafe operation of the regulated lifting device, and to report the discovery of such a condition to the office.
5. I understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000.

Signature		Date ( <i>month, day, year</i> )
Printed name	Position with organization	
Name of organization		
Telephone number  (       )	E-mail address	

**AFFIRMATION OF THE CONTRACTOR**

I, the contractor, or authorized officer of the contractor, responsible for the installation or alteration of the regulated lifting device hereby affirm under penalties for perjury that:

1. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.
2. The regulated lifting device will be installed or altered in accordance with all applicable rules adopted by the commission and will not be changed from the design specified in the plans and specifications submitted with the application and released by the office.
3. All individuals installing or altering the regulated lifting device:
  - (A) have sufficient background, knowledge, skills and training to install or alter, inspect, and maintain the regulated lifting device;
  - (B) have the training and expertise necessary to recognize and report any condition that could result in the unsafe operation of the regulated lifting device;
  - (C) are provided with sufficient on-going training to reasonably ensure that the individuals are proficient in the standards affecting regulated lifting devices that have been adopted by the commission; and
  - (D) possess the requisite authority and are required to immediately suspend the operation of the regulated lifting device upon discovering a condition that could result in the unsafe operation of the regulated lifting device, and to report the discovery of such a condition to the office.
4. I understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000.

Signature		Date ( <i>month, day, year</i> )
Printed name	Position with organization	
Name of organization		
Telephone number  (       )	E-mail address	