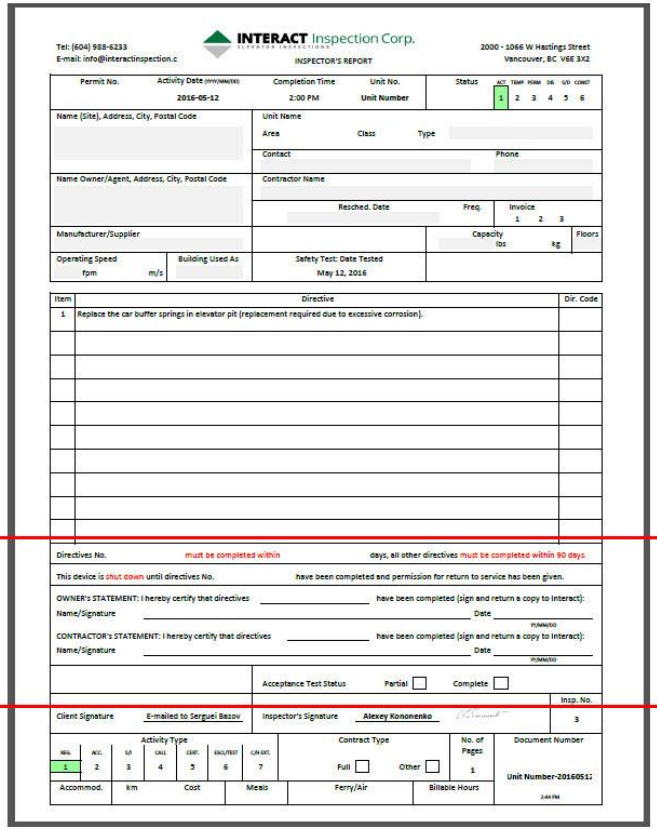
To return completed directives after an inspection was conducted and a report was issued, please fill in the applicable fields in the inspection report, sign, date, and submit to Interact Inspection Corp. See the sample below.



Tel: (604) 988-6233
E-mail: info@interactinspection.c

INTERACT Inspection Corp.
ELEVATOR INSPECTIONS
INSPECTOR'S REPORT

2000 - 1066 W Hastings Street
Vancouver, BC V6E 3X2

Permit No.	Activity Date (YYYY/MM/DD)	Completion Time	Unit No.	Status	ACT	TEMP	PERM	DIS	S/D	CONST
	2016-05-12	2:00 PM	Unit Number		1	2	3	4	5	6

Name (Site), Address, City, Postal Code

Unit Name
Area Class Type

Contact Phone

Name Owner/Agent, Address, City, Postal Code

Contractor Name

Resched. Date Freq. Invoice 1 2 3

Manufacturer/Supplier

Capacity lbs kg Floors

Operating Speed fpm m/s

Building Used As

Safety Test: Date Tested May 12, 2016

Item	Directive	Dir. Code
1	Replace the car buffer springs in elevator pit (replacement required due to excessive corrosion).	

Directives No. must be completed within days, all other directives must be completed within 90 days.

This device is shut down until directives No. have been completed and permission for return to service has been given.

OWNER's STATEMENT: I hereby certify that directives _____ have been completed (sign and return a copy to Interact):
Name/Signature _____ Date _____ YY/MM/DD

CONTRACTOR's STATEMENT: I hereby certify that directives _____ have been completed (sign and return a copy to Interact):
Name/Signature _____ Date _____ YY/MM/DD

Acceptance Test Status Partial ☐ Complete ☐

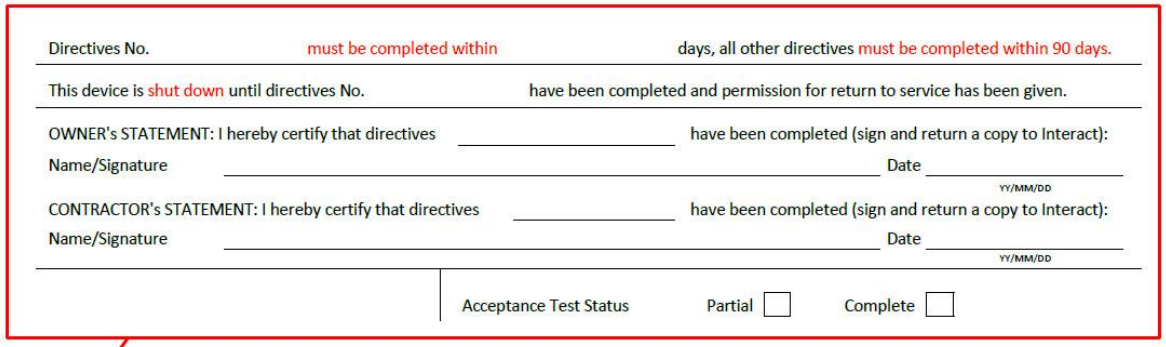
Client Signature E-mailed to Serguei Bazov

Inspector's Signature Alexey Kononenko

Insp. No. 3

Activity Type							Contract Type		No. of Pages	Document Number
REG.	ACC.	S/T	CALL	CERT.	ENCL/TEST	C/M EXT.	Full ☐	Other ☐	1	Unit Number-20160511
1	2	3	4	5	6	7				2:44 PM

Accommod.	km	Cost	Meals	Ferry/Air	Billable Hours



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Acceptance Test Status Partial ☐ Complete ☐