



Complete this request electronically or print clearly. Fields marked with * are mandatory.
For questions or changes to an inspection request, contact edadinspection@tssa.org.

1. PROGRAM AND REQUESTOR INFORMATION

* Program

☒ Elevating

☐ Amusement

☐ Ski

* Requestor name

* Requestor phone

* Requestor email

* Is the requestor the device owner?

☒ Yes

☐ No

Are you an Elevating Maintaining Contractor?

☐ Yes

Contractor company name

2. DEVICE AND INSPECTION DETAILS

* Is this device shut down?

☒ Yes

☐ No

* Design submission approved by TSSA Engineering?

☐ Yes

☐ No

* Inspection type

* Installation number

* Installation address

* Device type

3. SITE AND MECHANIC CONTACTS

Site contact (if applicable)

Name

Phone

Email

Mechanic on site

* Name

* Phone

* Email

4. SITE ACCESS AND INSPECTION DATES

* Is the site a federal facility?

☐ Yes

☐ No

Security clearance required?

☐ Yes

☐ No

If the site is a federal facility, site contact information MUST be provided.

Escort required to enter the building?

☐ Yes

☐ No

Inspection dates should be at least five days after the request date. If the requested dates are unavailable, Workforce Planning (WFP) will select an alternative. Advise WFP of any dates or days of the week that do not work for you.

* Preferred inspection dates - provide three dates

1.

2.

3.

For elevating-device inspections, is this the last car in the group to be licensed?

☐ Yes

☐ No

* Is special safety training required to access the site?

☐ Yes

☐ No

* Are special health and safety protocols required to enter the site?

☐ Yes

☐ No

If yes, describe requirements such as PPE, deep pit access or confined-space procedures.

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Fields marked with * are mandatory.



5. AMUSEMENT DEVICES INSPECTION

Renewal application approved?

☐ Yes☐ No

Is this a mobile device?

☐ Yes☐ No

The pre-inspection checklist must be available on site for the inspector. Outdoor zipline inspection dates must be between April and October.

6. CONSTRUCTION HOISTS

Complete this section for construction-hoist inspections.

Number of floors in the building (when complete)

Number of hoists at site

Location in the building (if there are multiple hoist locations)

Is this a request for an extension?

☐ Yes☐ No

To what floor?

How many floors is the extension?

Is this the final extension of the hoist?

☐ Yes☐ No

Is this hoist due for a six-month periodic inspection?

☐ Yes☐ No

Has this device been dismantled?

Yes☐ No☐

For applicable contractors, extension requests should also be submitted through TrueContext: [Log in to TrueContext](#)

7. ADDITIONAL INSPECTION INFORMATION

Subsequent inspections

If multiple subsequent inspections will be conducted with the inspection of the last device in the group, an additional inspection day may be required.

Escalators, hoists, initials and majors

Confirm that the mechanic from the elevating-device contractor is aware of the inspection request and will be present. If the mechanic is not on site, the inspection will be considered cancelled and billable. A cancellation fee may apply.

Email the completed form to edadinspection@tssa.org