



CLEAR FORM

V-0226-1

| PLEASE COMPLETE THIS REQUEST FORM → FIELDS INDICATED WITH * ARE MANDATORY If you have any questions or need to make any changes to your inspection please contact us at edadinspection@tssa.org . | | | | | | | | | |
|--|---|----------------|----------------|------------|----------------|---------|---------|--------|--------|
| *Requestor Information <i>(Whose Requesting Inspection?)</i> | Elevating Maintaining /Installing Contractor Contractor Company Name: Device Owner | | | | | | | | |
| Billing Address | Street: City: Postal Code | | | | | | | | |
| *WO Number <i>Has your Design Submission been approved through TSSA Engineering Department?</i> YES *Inspection Type *Installation Number *Device Type | | | | | | | | | |
| *Inspection Address *Site Contact *Mechanic on Site | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Address:</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Site Name:</td> <td style="width: 50%; padding: 2px;">Mechanic Name:</td> </tr> <tr> <td style="padding: 2px;">Number:</td> <td style="padding: 2px;">Number:</td> </tr> <tr> <td style="padding: 2px;">Email:</td> <td style="padding: 2px;">Email:</td> </tr> </table> | Address: | | Site Name: | Mechanic Name: | Number: | Number: | Email: | Email: |
| Address: | | | | | | | | | |
| Site Name: | Mechanic Name: | | | | | | | | |
| Number: | Number: | | | | | | | | |
| Email: | Email: | | | | | | | | |
| *Federal/Reserve Land | <table style="width: 100%;"> <tr> <td style="width: 50%;">Federal</td> <td style="width: 50%;">Reserve</td> </tr> </table> If Federal, is security Clearance Required to enter site? Is an escort required for the building? | Federal | Reserve | | | | | | |
| Federal | Reserve | | | | | | | | |
| <i>Dates should be 5 days from date of request. If dates provided are not available, WFP will select an alternative date. Advise WFP if this date, or any days of the week does not work for you.</i> Is this a last car inspection you wish not to license? YES | *Inspection Request Dates <i>Provide 3 dates.</i> 1. 2. 3. | | | | | | | | |
| *Is Special Safety training required to access site? YES *Is there special health and safety protocols required to enter site? (I.E PPE) | | | | | | | | | |
| Construction Hoists: NUMBER OF FLOORS IN BUILDING? (Once complete) NUMBER OF HOISTS AT SITE? LOCATION IN BUILDING (IF MULTIPLE HOIST LOCATIONS AT SITE)? IS THIS A REQUEST FOR AN EXTENSION AND TO WHAT FLOOR (Y/N)? YES IF YES, WHAT FLOOR IS HOIST AT NOW? HOW MANY FLOORS IS EXTENSION? IS THIS THE FINAL EXTENSION OF THE HOIST? (Y/N): YES IS THIS HOIST DUE FOR A 6 MONTH PERIODIC INSPECTION? (Y/N): YES | | | | | | | | | |
| AD Inspection: | Renewal Application Approved? YES Pre-Inspection Checklist must be available on site for inspector. Outdoor Zipline dates must be between April and October. | | | | | | | | |
| Subsequent Inspection: | As a reminder, if you have multiple subsequent inspections to be conducted, you may need an additional day for your inspections to be completed. | | | | | | | | |
| Escalators, Hoists, Initials and Majors: | Confirm the mechanic from the elevating device contractor is aware of the inspection request as they are required to be present. If the mechanic is not on site, the inspection will be deemed cancelled and billable. Cancellation fee will apply. | | | | | | | | |