Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT

ANNUAL AND 5 YEAR TEST NOTIFICATION FORM

Today's Date: _____

Elevator Company Name: _____

Telephone Number: _____

TEST LOCATION:

Street: _____

City: _____

Zip Code: _____

Building Name: _____

TEST DATE: _____ **TIME:** _____

Mechanic Performing Test: _____

Number of Units: 1

California State ID Number:

Check All That Apply:

Group 3 ☐ Group 4 ☐

Cable Traction ☐

Hydroelectric ☐

Roped Hydroelectric ☐

Prepared by: _____