



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

Checklist - Escalator or Moving Walk Inspection

Unit Type Escalator Moving Walk

Inspection Type Periodic Acceptance

Periodic Inspection Date ___ / ___ / ___ **Category** 1 3 5

Building and Unit Information

Building Name	Unit Identification
Address Chicago, IL	Manufacturer
Building Representative	Speed fpm
Phone No.	

7 or 9 ESCALATOR OR MOVING WALK- EXTERNAL	OK	NG	NA	8 or 10 ESCALATOR OR MOVING WALK- INTERNAL	OK	NG	NA
7.1 or 9.1 General Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Intentionally blank)			
7.2 or 9.2 Geometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.1 or 10.1 Machinery space access, lighting, receptacle and condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3 or 9.3 Handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.2 or 10.2 Stop switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4 or 9.4 Entrance and Egress Ends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.3 or 10.3 Controller and wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5 or 9.5 Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.4 or 10.4 Drive machine and brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.6 or 9.6 Caution signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.5 or 10.5 Speed governor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.7 or 9.7 Combplate and comb step impact device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6 or 10.6 Broken drive chain & disconnected motor safety device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.8 or 9.8 Deck barricades & anti-slide devices (Esc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.7 or 10.7 Reversal stop switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.9 Steps and upthrust device (Esc) OR 9.9 Treadways (MW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.8 Broken step chain device (Esc) OR 10.8 Broken treadway device (MW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.10 or 9.10 Operating and Safety Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.9 Step Upthrust device (Esc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.11 Skirt obstruction devices (Esc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.10 or 10.10 Missing step or missing pallet device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.13 or 9.13 Egress restriction (rolling shutter) device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.11 Step lateral device (Esc) OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.14 or 9.14 Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.11 Pallet level device (MW)			
7.15 or 9.15 Balustrades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.12 Steps, step chains and trusses (Esc) OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.16 or 9.16 Ceiling Intersection guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.12 Pallets, pallet chains and trusses (MW)			
7.17 Step/skirt clearance, panels and perf.index(Esc) OR 9.17 Skirt panels (MW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.13 or 10.13 Handrail systems and safety devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.18 or 9.18 Outdoor protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.14 or 10.14 Code data plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.19 or 9.19 Maintenance Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.15 or 10.15 Response to smoke detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				8.16 Step lateral displacement device (Esc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OK – meets requirement
NG – No Good (Insert number to identify comment on form)
NA – not applicable

(Esc) – Escalator only
(MW) – Moving Walk only

Item No.	Comment	Code Reference

Inspection Status:

Inspection Company & Inspector's Information

Date of Inspection:	Company Name
Code Edition:	Street Address
FAIL <input type="checkbox"/> Permit Req'd PASS <input type="checkbox"/>	City, State, Zip
	Inspector QEI #
	Inspector's State License #
	Inspector's Signature: