



**Office of the Fire Commissioner**  
Inspection and Technical Services  
Winnipeg Office:  
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Winnipeg, Manitoba, Canada  
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## Elevator/Amusement Ride Inspection Report / Order to Remedy

Permit Number:		Owner / #:	
Inspection Location/Date:		Contact Name/Phone/Email:	
Label Number:		Device Name/Number:	
COMMENTS:			

Code being enforced: ☐ B44- ☐ B355- ☐ C22.1- ☐ Z267- ☐ Z98- ☐ Z185-

The following deficiencies have been identified and require the following corrective action(s) to be completed by the noted compliance date.

No.	Code Reference/Article No.	Deficiency	Corrective Action	Compliance Date

\*\*\*Additional information as required may be made on additional pages, and shall become part of this inspection report

Number of Additional Pages Attached:

Inspection Comments/Recommendations:

Applicable Fees For Re Inspection Due To Order(s)

(As Per Elevator/Amusements Acts and Regulations)

Date:

Inspector Name:

Inspection Address:

Phone Number:

Report provided to:

This report has been prepared for the above named client for the purposes of performing an inspection of the equipment named. The report is solely based on conditions existing on the above noted inspection date. No representation or responsibility is assumed whatsoever to third parties who rely on this report without authorization. The Owner or their Authorized Agent shall be solely responsible for ensuring that out the provisions in the Elevator/Amusements Act and Regulations are carried out.