

Elevator Installation Quality Control Checklist

Project Name:

Location:

Elevator Model/Type:

Date of Inspection:

Inspected By:

Checklist

Item	Criteria	OK	NG	Remarks
Pit Cleanliness and Preparation		<input type="checkbox"/>	<input type="checkbox"/>	
Guide Rails Installation		<input type="checkbox"/>	<input type="checkbox"/>	
Car and Counterweight Installation		<input type="checkbox"/>	<input type="checkbox"/>	
Hoistway Wiring and Conduits		<input type="checkbox"/>	<input type="checkbox"/>	
Door Installation and Adjustment		<input type="checkbox"/>	<input type="checkbox"/>	
Landing & Car Indicators		<input type="checkbox"/>	<input type="checkbox"/>	
Safety Devices		<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Communication		<input type="checkbox"/>	<input type="checkbox"/>	
Machine Room Equipment		<input type="checkbox"/>	<input type="checkbox"/>	
Control Panel Setup		<input type="checkbox"/>	<input type="checkbox"/>	
Trial Run & Testing		<input type="checkbox"/>	<input type="checkbox"/>	

Inspector Signature:

Date:

