

AFFIRMATION OF THE OWNER

I, the owner, or authorized officer of the owner, of the regulated lifting device and the associated fire recall initiating devices hereby affirm under penalties for perjury that:

1. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to insure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.
2. The regulated device and the associated initiating devices comply with 675 IAC 12-4-9, 675 IAC 12-4-11, and 675 IAC 12-4-12 and all applicable rules as set forth by the State of Indiana.
3. The contractor or qualified persons responsible for the testing of the initiating devices was chosen under my direction and to the best of my knowledge and belief, after exercising due diligence, has the expertise necessary to test these devices in accordance with the rules adopted by the commission.
4. I hereby grant the authority to and require all individuals responsible for the testing of the elevator recall initiation devices to immediately suspend the operation of the associated regulated lifting device upon discovering a condition that could result in the unsafe operation of the regulated lifting device, and to report the discovery of such a condition to the office.
5. I understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000

Signature

Date (*month, day, year*)

Printed name

Position with organization

Name of organization

Telephone number

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E-mail address

FIRE ALARM SYSTEM INSPECTION AND TESTING REPORT

Date of this inspection or test: _____ Time of this inspection or test: _____

1. PROPERTY INFORMATION

Name of property: _____
Address: _____
Elevator state number: _____
Occupancy type: _____
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. TESTING CONTRACTOR OR QUALIFIED PERSON INFORMATION

Testing organization or qualified party for this equipment: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Technician or tester: _____

