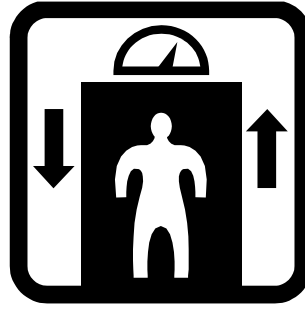




School _____

Elevator I. D. Number _____



Pickup emergency phone and confirm phone line is working.

	Date	Custodian Initial	Phone working		Inspection Comments
			Yes	No	
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					