



Illinois Office of the State Fire Marshal
Division of Elevator Safety
555 West Monroe Street, Suite 1300-N
Chicago, IL 60661
312-814-1325
Fax 312-814-3459



LOCAL ELEVATOR SAFETY PROGRAM INFORMATION FORM

All capitalized terms have the same meaning as set forth in the Illinois Local Elevator Safety Program Agreement. This *Local Elevator Safety Program Information Form* must be submitted to the Office of the State Fire Marshal, Elevator Safety Division, with the Local Elevator Safety Program Agreement.

1. Local Administrator Information

Local Administrator (Municipality or County)	
Municipality/County Name:	
Address:	
City/State/Zip Code:	
Phone Number:	Email:
Local Elevator Safety Program Manager (Primary Contact for Program)	
Name:	
Phone Number:	Email:
Date of Form Submission:	

2. Program Standards

Programs must be maintained to standards at least as stringent as those provided for in the Act and the Rules. Any implementation of a more stringent standard should be documented and approved by OSFM.

☐ The standards of this Program are the same as those currently adopted under [41 Ill. Adm. Code 1000.60](#), including for ASME A17.1, ASME A17.3, and ASME A18.1.

OR

☐ The standards of this Program are more stringent than those currently adopted under [41 Ill. Adm. Code 1000.60](#). The following standards are implemented:

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- ☐ Request for the use of a more stringent standard was submitted to OSFM on (Date) _____ and approved on (Date) _____.
- ☐ Notification was not previously provided.

3. Conveyances Covered by the Program

Type of Conveyance	Number of Conveyances in the Program
Hydraulic Elevator	
Traction Elevator	
Lifts	
Escalators	
Other	

4. Inspection Company and Inspectors

If the Local Administrator has/will have agreements with one or more licensed inspection companies, check the box and provide the information for each company. If the Local Administrator employs/will employ licensed inspectors, check the box and complete the information for each elevator inspector. If there are more inspection companies or licensed inspectors than spaces provided, attach additional information.

☐ Contract Licensed Inspection Company ☐ Inspectors Employed by Local Administrator

Inspection Company

Inspection Company (1) Name:	
License Number:	
Phone Number:	Fax Number:

Inspection Company (2) Name:	
License Number:	
Phone Number:	Fax Number:

Inspectors

#	Inspector Name	Inspector License Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

5. Optional Program Information

Similar information will be requested during Program compliance review.

Program Item	Number of Program Items during Prior Calendar Year	Number of Program Items since beginning of Current Calendar Year
Certificates of Operation Issued		
Permit applications received		
Conveyance construction permits issued		
Conveyance alteration permits issued		
Exceptions or Variances Requested		
Exceptions or Variances Granted		