



OWNER NAME University of Central MO		OWNER ADDRESS 203 E Clark St		DATE 11/18/2021		STATE ID 23911	
				<input checked="" type="checkbox"/> INSPECTION <input type="checkbox"/> VARIANCE			
BILLING NAME (IF DIFFERENT FROM OWNER) University of Central MO		BILLING ADDRESS 203 E Clark St		BILLING CITY, STATE, ZIP Warrensburg, MO 64093			
LOCATION NAME KMOS Syracuse Tower		LOCATION ADDRESS 10391 Olive Branch Rd		LOCATION CITY, STATE, ZIP Syracuse, MO 65354			
LOCATION COUNTY Morgan Co		LOCATION PHONE 660-543-4413		NUMBER OF UNITS AT LOCATION 1			
ACTIVITY		TYPE OF EQUIPMENT		BUILDING USAGE			
<input type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> PASSENGER-TRACTION MRL		<input type="checkbox"/> OFFICE/GOVT BUILDING			
<input type="checkbox"/> ALTERATION		<input type="checkbox"/> PASSENGER-HYDRAULIC MRL		<input type="checkbox"/> HOSPITAL/INSTITUTIONAL			
<input type="checkbox"/> MAJOR ALTERATION		<input type="checkbox"/> PASSENGER-ROPED HYDRAULIC		<input type="checkbox"/> CHURCH/RELIGIOUS			
<input type="checkbox"/> INITIAL INSPECTION		<input type="checkbox"/> FREIGHT-TRACTION MRL		<input type="checkbox"/> COMMERCIAL/INDUSTRIAL			
<input checked="" type="checkbox"/> ANNUAL INSPECTION		<input type="checkbox"/> FREIGHT-HYDRAULIC MRL		<input type="checkbox"/> RETAIL			
<input type="checkbox"/> TEMPORARY CERTIFICATE INSP		<input type="checkbox"/> FREIGHT-ROPED HYDRAULIC		<input type="checkbox"/> SCHOOL/LIBRARY/EDUCATIONAL			
<input type="checkbox"/> REINSPECTION		<input type="checkbox"/> DUMBWAITER		<input type="checkbox"/> IPL		<input type="checkbox"/> PARKING GARAGE	
<input type="checkbox"/> 5-YR TEST		<input type="checkbox"/> ESCALATOR		<input type="checkbox"/> VPL		<input type="checkbox"/> MULTI/FAMILY RESIDENCE	
<input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> MANLIFT		<input type="checkbox"/> SCREW		<input type="checkbox"/> MOTEL/HOTEL	
<input type="checkbox"/> SPECIAL		<input type="checkbox"/> STAIRWAY LIFT		<input type="checkbox"/> ROPED HY		<input type="checkbox"/> BANK	
		<input type="checkbox"/> MATERIAL LIFT		<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> NURSING/RETIREMENT HOME	
		<input type="checkbox"/> MOVING SIDEWALK		<input type="checkbox"/> LULA		<input checked="" type="checkbox"/> OTHER	
		<input type="checkbox"/> OTHER					
MANUFACTURER Marshall Elevator		DATE INSTALLED 2002		SERIAL NUMBER 2002T		CAPACITY 750	
NUMBER OF LANDINGS 2		NO. OF OPENINGS (FRONT/REAR) 1/1		SPECIFIC LOCATION IN BUILDING OR ID Outside		DATE OF 5-YEAR TEST 11/01/2017	
RELIEF VALVE PRESSURE NA		SLIDE Soft Set		GOV. ROPE PULLOUT/PULL THRU NA		GOV. SWITCH/JAW Soft Set	
ELEV. CO. General Elevator		LICENSE # NA		MECHANIC David Reding		LICENSE # 372	
						DOOR CLOSING FORCE NA	
DESCRIPTION OF VIOLATION OR VARIANCE: (IF APPLICABLE)						ADDITIONAL TESTING	
No Violations						PLUNGER GRIPPER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
						ANNUAL TEST <input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO	
						5 YR TEST <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO	
						5 YR TEST DATE: <input type="text"/>	
						OVERSPEED VALVE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
						SEALED <input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO	
						5 YR TEST <input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO	
						5 YEAR TEST DATE: <input type="text"/>	
						EMERGENCY POWER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
						TESTED <input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO	
WRITTEN RESPONSE REQUIRED WHEN COMPLIANCE IS COMPLETED						MCP: REQUIRED? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
						IN PLACE <input type="checkbox"/> N/A <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
						CODE COMPLIANT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF CONTACT PERSON AT LOCATION				INSPECTOR SIGNATURE <i>Cynthia J Brady</i>			
PRINTED NAME AND TITLE OF CONTACT PERSON AT LOCATION				INSPECTOR STATE ID 263			