TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

ELEVATOR / ESCALATOR AND RELATED EQUIPMENT REPORT OF INSPECTION

THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED WITH ATTACHEMENTS IF NECESSARY.

INSPECTION DATA – TO BE COMPLETED BY INSPECTOR — **FILING FEE: $20.00 PER UNIT**

1. Unit #: 1 of 1 | 2. ELBI #: 46848 | 3. Decal #: 116858 | 4. Removed from Service Date:

5. Building Name: Coastal Bend Wellness Foundation | Building Designation: | 6. Manufacturer: Schindler

Building Physical Address: 2882 Holly Rd. (Number, Street, Suite No. Apt. No.) Corpus Christi (City) 78415 (Zip Code) | 7. Model Type: 3300 | 8. Serial #: P6546

9. Type of Unit: (select one) ☒ Pass ☐ Esc. ☐ M.W. ☐ W.L. ☐ LULA ☐ Other (specify)

10. Drive Machine: (select one) ☒ Electric ☐ Hydraulic ☐ Other (specify) | 11. Year Installed: 2023 | 12. Year Altered: | 13. Number of Floors: 2

14. Speed: 98 | 15. Capacity: 3000 | 16. # of Car Openings 1 | 17. Due Date for Next 5 Year Safety Test 2028

18. Test Date Tag in Place? ☒ Yes ☐ No

19. Type of Inspection: (select all that apply) ☒ A – Annual ☐ B – New Installation or Returned to Service ☐ C – Alteration ☐ F – 5 Year Test ☐ Other

20. #	Rule	Code Year	Violations Use page ELE002a if additional pages are necessary ☐ Check box if ELE002a is attached	Repeat

21. INSPECTOR SIGNATURE IS REQUIRED FOR CERTIFICATE PROCESSING

I certify this is a true report of my inspection. I further certify that the information on this report is correct.

20300 (TDLR INSP LIC#:) | Thomas Hancock (Inspector Name Printed) | Thomas Hancock (Inspector Signature) | 06/04/2024 (Date Inspection Completed)

22. CONTACT INFORMATION REQUIRED TO BE COMPLETED BY OWNER OR OWNER AGENT

Owner Name: Coastal Bend Wellness Foundation | Phone Number: 361-814-2001 (Area Code) Phone Number

Email Address: amyg@cbwellness.org (ex: johndoe@youbusinessemail.com) | Owner Mailing Address: 2882 Holly Rd. (Number, Street, Suite No, Apt No.) Corpus Christi (City) Tx. (State) 787415 (Zip Code)

23. Building Contact Name: Amy Goldson | Contact Phone Number: 361-814-2001 (Area Code) Phone Number

Building Contact Business/Public Email Address: amyg@cbwellness.org (ex: johndoe@youbusinessemail.com) | Building Contact Mailing Address: 2882 Holly Rd. (Number, Street, Suite No, Apt No.) Corpus Christi (City) Tx. (State) 787415 (Zip Code)

24. OWNER OR OWNER AGENT SIGNATURE IS REQUIRED FOR CERTIFICATE PROCESSING

I certify that all violations cited by the inspector (if any) have been corrected OR are under contract to be corrected OR I have obtained a waiver or delay. All contact information above is accurate and all required documents and fees are attached. I understand that a certificate of compliance cannot be issued if the Inspection Report is incomplete, or any supporting documentation is missing.

Owner/Agent Printed Name | Owner/Agent Signature | Date

All correspondence including legal notices will be sent to (select one) ☒ Owner Address ☒ Building Contact Address

TDLR Form ELE002 rev June 2022