INSPECTION DATE	Certified Elevator Inspector	Type of Inspection	Time In:	State of	f Florida			SERIAL NUMBER
	(CEI) #		8:00:00 AM	ELI	EVATOR INSPE	ECTION REPOR	RT Page 1 of	f 1 35527
4/19/2023	0726	Alteration Acceptance	Time of Out] 1				
			Time Out: 5:00:00 PM	ATIS	Elevator Inspections			
			3.00.001111					
			Building Name:					٦
			Summit Condom	ninium				
			Building Address:					
			8743 Thomas Dr	ive		7' 0 1		
			City: Panama City Bea	City: Zip Code: Panama City Beach 32408				
					I certify that as the elev	I certify that as the elevator company supervisor, I directly supervised the construction or installation of this elevator. Or See attached elevator installation affidavit.		
			DEFINITION CEI - FL Certified Elevator	Inspector	Signature:	CEI#	CET#	
	VIOLATIONS		CET - FL Certified Elevator REC - FL Registered Elevato	r Company	Drive Nove o	Dhana Musshass		
Violation Codes @: www.MyFlorida.com/dbpr/hr/documents/violation_codes.xls					Print Name: Phone Number:			
						I		
VIOLATION 1:								
VIOLATION 2:								
VIOLATION 3:								
VIOLATION 4: VIOLATION 5:								
VIOLATION 6:								
VIOLATION 7:								
VIOLATION 8:								
VIOLATION 9:								
Test Witness: DF (lbs): 20, UCM Up (in): 12, Car Slide (in): 18, Gov Elec (fpm): 405, Gov Mech					I certify that I have personally performed	d or witnessed:		This device
(fpm): 450, UCM Dn (in): 19, Maintenance Co:					Routine Inspection Periodic test as prescribed by ASME A17.			X Complies With
Cavinder Elevator					Acceptance inspection of new or altered installation as recommend by the ASME A17.2 Inspectors Manual			Does Not Comply With
Bill To:					Uviolations cited on the previous inspection report have been corrected. □ Installation Meets or exceeds minimum standards of Chapter 399, Florida Statutes, and Chapter 30 of the Florida			Is Exempt From Section 399.15 - Florida Statues:
				Administrative Code.	num standards of Chapter 399, Florida Sta	tutes, and Chapter 30 of the Florida	Access/Fire Key Requirements.	
Person Receiving This Report - The inspection: Passed Generator Test Performed: Yes					Signature:		709	
If violations are cited, this report constitutes an Order to Correct as outlined in s. 399.061(4), Florida Statutes. Violations must be corrected within 90 days in accordance with s. 399.105(4), Florida Statutes.				10° 11° 11	0726	709		
Signature		Title			1 Jan 10/2 4), 0000			
					Manney Manney - 1			
Print Name		Phone Number						
Print Name					Print Name: Darrell Green	Phone Number: (855) 755-2847		
Notes: Device Designation: 3					No WO 35527 4/19/20	1, ,	ELEVATOR INSPECTOR	All provide
					Completed ins	spection report must be returned to the Ri	ureau of Flevator Saftey within five (5) days	of inspection