



RECEIVED
 NOV 16 2023
 DOSH / EV UNIT, OAKLAND OFFICE

Page ____ Of ____

CONVEYANCE LOCATION

Address: 900 Fallon Street
 City: Oakland
 State No: 070722

Inspection Date:
 Zip:

ONLY ONE CONVEYANCE PER FORM

REQUIREMENT(S) COMPLETED

Please list the requirement number(s) as they are shown on the Preliminary Order or Show Cause Order and resolution to each requirement:

Req. # 1	Solution: The load test has been completed and form attached.	CCCM#: M68479
Req. # 2	Solution: The tag has been installed as required.	CCCM#: M68479
Req. # 3	Solution:	CCCM#:
Req. # 4	Solution: The hoistway doors at the first floor have been adjusted as required.	CCCM#: M68479
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:

SIGNATURES

I hereby certify that the statement I have given herein is true and complete to the best of my knowledge. A false statement will be cause for voiding this notice of compliance and may cause reinstatement of accumulating lines from the original date of notification.

Signature: CCCM	Signature: 2nd CCCM	License Expire Date: 01/18/2024
(Printed Name) John D McFarlin	(Printed Name)	Date:
Signature:	(Printed Name & Title) Lynne Garcia /service coordinator	Date: 11/16/2023
Company (if applicable) KONE inc	Phone Number: (510) 351-5141	
	Office Location: San Leandro	

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT

RECEIVED

NOV 16 2023



GROUP 2 FIVE YEAR HYDRAULIC LOAD TEST REPORT
OAKLAND OFFICE

To comply with the Elevator Safety Orders, 3071(j), this form shall be filled out and returned by the compliance date shown on the Preliminary Order. If repairs, adjustments or replacements are needed for code compliance, they are to be completed before returning this form. Submitting an incorrect report may cause another test to be required, witnessed by the Division, with additional fees. L.C. 7314

Purpose of Load Test: 5 Years Load test
Elevator State Number: 070722 Date of Test: 11-13-2023
Location of Elevator: 900 Fallon ST
Oakland, Ca
City

Elevator Rated Load as Shown on Crosshead Data Plate: 2000 lbs ^{2p}

Rated Speed as Shown on Data Plate: (Not greater than 110% of C_p Speed as shown below) 125 FPM

Elevator Up Speed with Rated Load: 115 FPM Elevator Down Speed with Rated Load: 120 FPM

Rated Car Speed Feet per Minute	Buffer stroke in Inches
100 or less	1 1/4
101 to 150	2 1/4
151 to 200	4

Working Pressure: 400 PSI Relief Valve Pressure (125% max.): 450 PSI
Pit Shut off Valve Rating: 600 WOG MR Shut off Valve Rating: 1500 WOG
OSV Tripping Speed: N/A Outside Diameter of Ram: 3.54 inches
Relief Valve Sealed? Yes No Maximum Centrifugal Pump Pressure: N/A
Movement of Elevator with Rated Load in 15 Minutes: NONE
(NOTE: Movement of greater than 250 inch without proper justification is unacceptable)

Pressure Switch: Yes No Operational? Load Test Data Tag Attached: Yes No

CQCC Performing Test KONE, INC CG-03-012721 08/25/2025
Company Name, Certification Number and Expiration
510-351-5141
CQCC Telephone Number

CCCM Performing Test
John McFarlin
Printed Name
[Signature]
Signature
M68479
CCCM Certification Number
1/18/2024
CCCM Expiration Date

Verification by COCC of Current Responsible Party
Dir of facility (Jason Busby)
Name of Responsible Party
333 E 8th Street
Address of Responsible Party
Oakland
City of Responsible Party
209-601-2142
Phone Number of Responsible Party

Clear L/T

PERMANENT RECORD
DO NOT DESTROY

RED TAGGED 8-16-23 OPU

Farber, Tina@DIR

From: Garcia Lynne <Lynne.Garcia@KONE.com>
Sent: Thursday, November 16, 2023 10:38 AM
To: DIR BayArea Elevator
Cc: DRESS JIM; Nunez Jose
Subject: 900 Fallon Street 050152 OPU, 051537, 070722 OPU
Attachments: 900 FALLON STREET 050152 051537 070722.pdf

CAUTION: [External Email]

This email originated from outside of our DIR organization. Do not click links or open attachments unless you recognize the sender and know the content is expected and is safe. If in doubt reach out and check with the sender by phone.

Hello,

Please see attached. Items pending below.

050152- item 1 telephone

051537- item 2 elevator pit lighting and item 3 machine room floor to be kept clean

070722- item 3 telephone

Best regards,

Lynne Garcia
Service Coordinator-East Bay
Bay Area Branch 380

KONE Americas
15021 Wicks Blvd
San Leandro, CA 94577
Office (510) 351-5141
Lynne.Garcia@KONE.com
24/7 Dispatch: (877) 276-8691 / koneserviceusk@kone.com
CA Contractor #179166
www.kone.us



The information contained in this message or files attached to it are intended for the exclusive use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, please note that the use, copying, any form of dissemination and any other corresponding action in respect of this communication is strictly prohibited. If you received this message in error, please delete the message and notify the sender immediately. Thank you. Please note that we take reasonable precautions to prevent the transmission of viruses; however, we cannot guarantee that this message or its attachments are free from viruses. We only send and receive emails on the basis that we shall not be liable for any loss or damage resulting from the opening of this message and/or attachments.

Please consider the environment before printing this email

Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input checked="" type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> State	Office-ID: 04	Elevator Number: 070722
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> Temp. Construction <input type="checkbox"/> 2 Year <input type="checkbox"/> Other		No Permit Until Reinspect <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure <input type="checkbox"/>	Req.'s	Inspection Time: .75 Hrs	Inspection Fee: \$ <u> </u> .00	

Site Contact

5	Recommendations Explained To: (Name) MIKE	Position: MAINT
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Responsible Party Information

6	Company: PERALTA COMMUNITY COLLEGE	Attn: MIKE
7	Address: 333 E 8TH ST	Suite:
8	City: OAKLAND	State: CA
9	Prime Phone: [REDACTED]	Alt. Phone:
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID:
		Elevator Company Office location (City):

EV Data

11	Elevator Model: OTIS	Controller Model: HMC 1000 PHC	Install Group: II	Alteration Group:	Alteration date:		
12	Governor Model: XXXXXX	Safety Model: XXXXXXX	Battery Rescue: YES	Cab Flooring: VCT 05	Cab Walls: Raised P-lam 02	Cab Ceiling: Drop Ceil 02	5 Year Check: 7/2016
13	Access Keys: EX514/GB	Rupture Valve: N/A	Speed: 125	Capacity: 2000	No. of landings: 2	Class: 00	

Escalator Data

14	Escalator Model:	Controller Model:	Install Group:	Alteration Group:	Alteration date:			
15	Upper Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Seismic location:
16	Lower Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Handrail stall time:
								Min. Brake Torque:

Comments / Notes

RED TAGGED- NON COMPLIANCE

Show Cause	Tag Order	Validation

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT

Oakland District Office
1515 Clay Street, Suite 1301
Oakland, CA 94612
Phone: 510.622.3026
Fax: 510.622.3045

DISPOSITION OF SC/TAG ORDER
 Check One
 Served in Person on _____
 Served by Certified Mail on _____
 Tag Order Served & Equip. Sealed On 10/31/23
 or
SHOW CAUSE TAG ORDER NOT SERVED
 Check One
 Employer Compliance
 Extension Recommended / _____ Days (See S-200)
 Further Legal Action Indicated
 By _____
 Engineer TP427 Date 10/31/23

ORDER PROHIBITING USE

October 9, 2023

Peralta Community College District
Department Of General Services
333 E 8th St
Oakland, CA 94606-2844

Upon an inspection and/or investigation on May 17, 2023, the Division has determined that Passenger, Hydroelectric, E BLDG, State Number 070722, located at 900 Fallon St, Oakland, is not in compliance with Title 8, Elevator Safety Orders, and is being operated without a valid permit.

THEREFORE USE IS PROHIBITED (California Labor Code) Section 7301, 7302, 7305 and 7320.

NOTICE OF HEARING

NOTICE IS HEREBY GIVEN THAT IF YOU SO REQUEST YOU WILL BE PROVIDED A HEARING OF THIS ORDER PROHIBITING USE ON THE VALIDITY OF THIS ORDER. IN THE EVENT THIS ORDER PROHIBITING USE HAS NOT BEEN REVOKED OR VACATED PRIOR THERETO, YOU ARE HEREBY NOTIFIED THAT YOU WILL BE PROVIDED A HEARING BY THE CHIEF OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH OR HER OR HIS DESIGNEE.

Hearing Requested: _____
Date of Hearing at 10 a.m.: _____
Location of Hearing: _____

DECLARATION OF SERVICE

Declaration of Service
Copy Left With: Mika
Order Served by: TP427
Date: 10/31/23

**AUTHORIZATION
CHIEF OF THE DIVISION
OCCUPATIONAL SAFETY & HEALTH**

[Signature] FOR DM

D. Henderson, Senior EU Engineer

NOTICE (Red Tags) prohibiting use were attached and shall not be removed except as authorized by the Division. The Labor Code prohibits use except with the Division's knowledge and permission. Contact the local elevator unit office prior to removing tag or attempting repairs.
Standard, Order or Code Requirements & Description of Hazard Violated*

Inspector: T. Fernandez
continued on next page

ORDER PROHIBITING USE
October 9, 2023

Elevator # 070722

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Passenger, Hydroelectric, E BLDG, NO. 070722 - CONTINUED

1. A load test identifying the elevators running speed up and down, rated speed, working pressure, relief pressure, pressure switch operation(if applicable) and static pressure results shall be conducted on the elevator and the results submitted to the division. subsection 3071(j)
2. A metal, fiber or plastic tag shall be securely attached to the elevator pumping unit in the machine room, with lettering not less than 1/4 inch high on a contrasting background, indicating the Elevator State Number, the Elevator Company that conducted the load test and the Date of the load test. subsection 3071(j)
3. The telephone in the elevator shall be made to operate as intended. (CANNOT UNDERSTAND, BREAKS UP) subsection 3041(a) , 3071(i)
4. The hoistway door(s) at the 1st floor(s) shall be arranged to close and lock automatically if the car, for any reason, leaves the landing zone. subsection 3020(b) , 3057

It is further ordered that the aforesaid shall be corrected and you are admonished to prohibit the use and operation of the affected unsafe device until said conditions have been rectified; and the Legal Bureau and/or any employee of the Division are hereby authorized to attach notice of said prohibition to said unsafe device and to institute any civil or criminal proceedings in the Courts which may be necessary to adequately enforce this order.

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf

Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input checked="" type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> State	Office-ID: 04	Elevator Number: 070722
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> Temp. Construction <input type="checkbox"/> 2 Year <input type="checkbox"/> Other		No Permit Until Reinspect <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure <input type="checkbox"/>	Req.'s	Inspection Time: .75 Hrs	Inspection Fee: \$ ____ .00	

Site Contact

5	Recommendations Explained To: (Name) MIKE	Position: MAINT
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Responsible Party Information

6	Company: PERALTA COMMUNITY COLLEGE	Attn: MIKE
7	Address: 333 E 8TH ST	Suite:
8	City: OAKLAND	State: CA
9	Prime Phone: [REDACTED]	Alt. Phone:
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID:
		Elevator Company Office location (City):

EV Data

11	Elevator Model: OTIS	Controller Model: HMC 1000 PHC	Install Group: II	Alteration Group:	Alteration date:		
12	Governor Model: XXXXXX	Safety Model: XXXXXX	Battery Rescue: YES	Cab Flooring: VCT 05	Cab Walls: Raised P-lam 02	Cab Ceiling: Drop Ceil 02	5 Year Check: 7/2016
13	Access Keys: EX514/GB	Rupture Valve: N/A	Speed: 125	Capacity: 2000	No. of landings: 2	Class: 00	

Escalator Data

14	Escalator Model:	Controller Model:	Install Group:	Alteration Group:	Alteration date:			
15	Upper Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Seismic location:
16	Lower Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Handrail stall time:
								Min. Brake Torque:

Comments / Notes

YELLOW TAGGED- NON PAYMENT	<i>& Rel Tagged</i>

Show Cause	Tag Order	Validation
		<i>[Signature]</i>

Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> State	Office-ID: 04	Elevator Number: 051536
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: R1	Permit <input type="checkbox"/> 1 year <input type="checkbox"/> 2 Year <input type="checkbox"/> Other	<input type="checkbox"/> Temp. Construction	No Permit Until Reinspect <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number Of Req.'s: 1	Alternate Procedure <input type="checkbox"/>	Req.'s	Inspection Time: 1.5 Hrs	Inspection Fee: \$ 350 .00	

Site Contact

5	Recommendations Explained To: (Name) FERNANDO	Position: MAINT
Responsible Party Information		
6	Company: PERALTA COMMUNITY COLLEGE	Attn: MIKE
7	Address: 333 E 8TH ST	Suite:
8	City: OAKLAND	State: CA
9	Prime Phone: [REDACTED]	Alt. Phone:
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID:
		Elevator Company Office location (City):

EV Data

11	Elevator Model: SAME	Controller Model: MONTGOMERY	Install Group: II	Alteration Group:	Alteration date:		
12	Governor Model: SAME	Safety Model: SAME	Battery Rescue:	Cab Flooring: Other 06	Cab Walls: Stainless steel 03	Cab Ceiling: T-bar 01	5 Year Check:
13	Access Keys: EX514	Rupture Valve: N/A	Speed: 350	Capacity: 2500	No. of landings: 10	Class: 00	

Escalator Data

14	Escalator Model:	Controller Model:	Install Group:	Alteration Group:	Alteration date:			
15	Upper Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Seismic location:
16	Lower Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Handrail stall time:
								Min. Brake Torque:

Comments / Notes

R1 sleeves 05, Attached

Show Cause	Tag Order	Validation
		2012472



Oakland District Office
1515 Clay Street, Suite 1301
Oakland, CA 94612
Phone: 510.622.3026
Fax: 510.622.3045

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

**PRELIMINARY
ORDER**

November 17, 2023

PERALTA COMMUNITY COLLEGE DISTRICT
DEPARTMENT OF GENERAL SERVICES
333 E 8TH ST
OAKLAND, CA 94606-2844

NOTE: Pay invoice E20124720A within 60 days from its issuance to avoid a 100% penalty assessment. All fees are due IMMEDIATELY upon receipt of the invoice.

A survey of your Passenger, Overhead Traction, EV N, State Number 051536, located at 900 Fallon St, Oakland, was made on October 31, 2023 by EU Engineer, T. Fernandez.

Person Contacted: FERNANDO Compliance date: January 01, 2024.

The conditions in need of correction are noted below. The numbers following the listed items refer to the sections of the California Code of Regulations (Title 8), or the Labor Code (L.C.) of the State of California.

1. Cab and hoistway doors shall fully open at all floors. Title 8, 3000(h)

Notification in writing that **each of the listed items** have been complied with shall be submitted to the above listed District office on the Compliance Form available at www.dir.ca.gov/dosh/ElevatorPubs_forms.html before the **PERMIT TO OPERATE** will be issued. Failure to Notify the Division within the allotted time may result in additional Penalties being assessed.

NO PERMIT WILL BE ISSUED UNTIL NOTIFICATION HAS BEEN RECEIVED AND ALL FEES ARE PAID.

Dave Henderson, Senior Safety Engineer

/tf

Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> State	Office-ID: 04	Elevator Number: 051536
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 Year <input type="checkbox"/> Other	<input type="checkbox"/> Temp. Construction	No Permit Until Reinspect <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure <input type="checkbox"/>	Req.'s	Inspection Time: .50 Hrs	Inspection Fee: \$.00	

Site Contact

5	Recommendations Explained To: (Name) FERNANDO	Position: MAINT
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Responsible Party Information

6	Company: PERALTA COMMUNITY COLLEGE	Attn: MIKE
7	Address: 333 E 8TH ST	Suite:
8	City: OAKLAND	State: CA
9	Prime Phone: [REDACTED]	Alt. Phone:
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID:
		Elevator Company Office location (City):

EV Data

11	Elevator Model: SAME	Controller Model: MONTGOMERY	Install Group: II	Alteration Group:	Alteration date:		
12	Governor Model: SAME	Safety Model: SAME	Battery Rescue:	Cab Flooring: Other 06	Cab Walls: Stainless steel 03	Cab Ceiling: T-bar 01	5 Year Check:
13	Access Keys: EX514	Rupture Valve: N/A	Speed: 350	Capacity: 2500	No. of landings: 10	Class: 00	

Escalator Data

14	Escalator Model:	Controller Model:	Install Group:	Alteration Group:	Alteration date:			
15	Upper Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Seismic location:
16	Lower Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Handrail stall time:
								Min. Brake Torque:

Comments / Notes

R1 WAS COMPLETED

Show Cause	Tag Order	Validation
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Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT

Oakland District Office
1515 Clay Street, Suite 1301
Oakland, CA 94612
Phone: 510.622.3026
Fax: 510.622.3045

DISPOSITION OF SC/TAG ORDER
 Check One:
 Served in Person on _____
 Served by Certified Mail on _____
 Tag Order Served & Equip. Sealed On _____
 or
SHOW CAUSE TAG ORDER NOT SERVED
 Employer Compliance
 Extension Recommended / _____ Days (See S-200)
 Further Legal Action Indicated
 By
 Engineer TP427 Date 10/31/23

ORDER PROHIBITING USE

October 9, 2023

Peralta Community College District
Department Of General Services
333 E 8th St
Oakland, CA 94606-2844

Upon an inspection and/or investigation on May 17, 2023, the Division has determined that Passenger, Overhead Traction, EV N, State Number 051536, located at 900 Fallon St, Oakland, is not in compliance with Title 8, Elevator Safety Orders, and is being operated without a valid permit.

THEREFORE USE IS PROHIBITED (California Labor Code) Section 7301, 7302, 7305 and 7320.

NOTICE OF HEARING

NOTICE IS HEREBY GIVEN THAT IF YOU SO REQUEST YOU WILL BE PROVIDED A HEARING OF THIS ORDER PROHIBITING USE ON THE VALIDITY OF THIS ORDER. IN THE EVENT THIS ORDER PROHIBITING USE HAS NOT BEEN REVOKED OR VACATED PRIOR THERETO, YOU ARE HEREBY NOTIFIED THAT YOU WILL BE PROVIDED A HEARING BY THE CHIEF OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH OR HER OR HIS DESIGNEE.

Hearing Requested: _____
 Date of Hearing at 10 a.m.: _____
 Location of Hearing: _____

DECLARATION OF SERVICE

Declaration of Service
 Copy Left With: Mike
 Order Served by: TP427
 Date: 10/31/23

**AUTHORIZATION
 CHIEF OF THE DIVISION
 OCCUPATIONAL SAFETY & HEALTH**

[Signature] FOR DH

D. Henderson, Senior EU Engineer

NOTICE (Red Tags) prohibiting use were attached and shall not be removed except as authorized by the Division. The Labor Code prohibits use except with the Division's knowledge and permission. Contact the local elevator unit office prior to removing tag or attempting repairs.
 Standard, Order or Code Requirements & Description of Hazard Violated*

Inspector: T. Fernandez
 continued on next page

ORDER PROHIBITING USE
October 9, 2023

Elevator # 051536

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Passenger, Overhead Traction, EV N, NO. 051536 - CONTINUED

1. As the Division found your Conveyance to be out of service and your Permit to Operate has expired, you shall notify the Division when the conveyance can be inspected. If it is the intent to discontinue use of the conveyance it shall be properly landed and removed from service by a Certified Qualified Conveyance Company. Failure to notify the Division when the conveyance can be inspected or operation of a conveyance without a proper permit may subject you to fines up to \$1,000. Labor code 7320

It is further ordered that the aforesaid shall be corrected and you are admonished to prohibit the use and operation of the affected unsafe device until said conditions have been rectified; and the Legal Bureau and/or any employee of the Division are hereby authorized to attach notice of said prohibition to said unsafe device and to institute any civil or criminal proceedings in the Courts which may be necessary to adequately enforce this order.

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf



Oakland District Office
 1515 Clay Street, Suite 1301
 Oakland , CA 94612

STATE OF CALIFORNIA
 DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

RETURN SERVICE REQUESTED

PERMIT TO OPERATE A CONVEYANCE

CONVEYANCE PERMIT

PERALTA COMMUNITY COLLEGE DISTRICT
 DEPARTMENT OF GENERAL SERVICES
 333 E 8TH ST
 OAKLAND, CA 94606

Conveyance Number: 109982

Permit Expires: 05/17/2024

Inspection Date: 05/17/2023

Location: 900 FALLON ST
 OAKLAND, CA 94607

Issue Date: 11/16/2023

Owner ID: WCL TH

California law requires that all conveyances shall have a valid permit posted conspicuously on the conveyance. (Labor Code Sections 7300-7324). Please detach your new permit at the dotted line and post on the conveyance. Retain this portion for your records.

STATE OF CALIFORNIA
 Department of Industrial Relations
 Division of Occupational Safety & Health

INSPECTION:	109982		05/17/2023	05/17/2024
	Conveyance Number		Date of Inspection	Date Permit Expires
LOCATION:	900 FALLON ST		OAKLAND, CA 94607	
	Street Address		City or Town	
LOAD PERMISSIBLE:	750		2	TF427
	Pounds		Persons	Inspector
DESCRIPTION:	WCL	WCL TH	AC 1 and 2 spd	Roped Hydro
	Type of Conveyance	Owner's ID	Power	Type of Machine

THIS PERMIT SHALL BE POSTED ON THE CONVEYANCE

Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> State	Office-ID: 04	Elevator Number: 109982
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> Temp. Construction <input type="checkbox"/> 2 Year <input type="checkbox"/> Other		No Permit Until Reinspect <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure <input type="checkbox"/>	Req.'s	Inspection Time: . 50 Hrs	Inspection Fee: \$ 0 .00	

Site Contact

5	Recommendations Explained To: (Name) MIKE	Position: MAINT
---	-----------------------------------------------------	---------------------------

No Charge For Yellow Tag When Several Write Red Tag

Responsible Party Information

6	Company: PERALTA COMMUNITY COLLEGE	Attn: MIKE
7	Address: 333 E 8TH ST	
8	City: OAKLAND	State: CA
9	Prime Phone: XXXXXXXXXX	Alt. Phone:
10	Elevator Company: <input type="checkbox"/> Send Invoice	Elevator Company Office location (City):

EV Data

11	Elevator Model: PORCH LIFT	Controller Model: PORCH LIFT	Install Group: III	Alteration Group:	Alteration date:		
12	Governor Model: XXXXXX	Safety Model: XXXXXX	Battery Rescue: N	Cab Flooring: Metal 04	Cab Walls: Other 08	Cab Ceiling: None 00	5 Year Check:
13	Access Keys:	Rupture Valve: N/A	Speed: 15	Capacity: 750	No. of landings: 2	Class: 15	

Escalator Data

14	Escalator Model:	Controller Model:	Install Group:	Alteration Group:	Alteration date:			
15	Upper Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Seismic location:
16	Lower Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Handrail stall time:

Comments / Notes

YELLOW TAGGED- NON PAYMENT

Show Cause	Tag Order	Validation
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Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input checked="" type="checkbox"/> State	Office-ID: 04	Elevator Number: 109982
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> Temp. Construction <input type="checkbox"/> 2 Year <input type="checkbox"/> Other		No Permit Until Reinspect <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure <input type="checkbox"/>	Req.'s	Inspection Time: . 50 Hrs	Inspection Fee: \$.00	

Site Contact

5	Recommendations Explained To: (Name) MIKE	Position: MAINT
---	----------------------------------------------	--------------------

Responsible Party Information

6	Company: PERALTA COMMUNITY COLLEGE	Attn: MIKE
7	Address: 333 E 8TH ST	Suite:
8	City: OAKLAND	State: CA
9	Prime Phone: [REDACTED]	Alt. Phone:
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID:
		Elevator Company Office location (City):

EV Data

11	Elevator Model: PORCH LIFT	Controller Model: PORCH LIFT	Install Group: III	Alteration Group:	Alteration date:		
12	Governor Model: XXXXXX	Safety Model: XXXXXXX	Battery Rescue: N	Cab Flooring: Metal 04	Cab Walls: Other 08	Cab Ceiling: None 00	5 Year Check:
13	Access Keys:	Rupture Valve: N/A	Speed: 15	Capacity: 750	No. of landings: 2	Class: 15	

Escalator Data

14	Escalator Model:	Controller Model:	Install Group:	Alteration Group:	Alteration date:			
15	Upper Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Seismic location:
16	Lower Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Handrail stall time:
								Min. Brake Torque:

Comments / Notes

RED TAGGED- NON COMPLIANCE

Show Cause	Tag Order	Validation
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Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT

Oakland District Office
1515 Clay Street, Suite 1301
Oakland, CA 94612
Phone: 510.622.3026
Fax: 510.622.3045

DISPOSITION OF SC/TAG ORDER
 Check One
 Served in Person on _____
 Served by Certified Mail on _____
 Tag Order Served & Equip. Sealed On 10/31/23
 or
SHOW CAUSE TAG ORDER NOT SERVED
 Check One
 Employer Compliance
 Extension Recommended / _____ Days (See S-200)
 Further Legal Action Indicated
 By Engineer JFP27 Date 10/31/23

ORDER PROHIBITING USE

October 9, 2023

Peralta Community College District
Department Of General Services
333 E 8th St
Oakland, CA 94606-2844

Upon an inspection and/or investigation on May 17, 2023, the Division has determined that Wheelchair, Roped Hydro, WCL TH, State Number 109982, located at 900 Fallon St, Oakland, is not in compliance with Title 8, Elevator Safety Orders, and is being operated without a valid permit.

THEREFORE USE IS PROHIBITED (California Labor Code) Section 7301, 7302, 7305 and 7320.

NOTICE OF HEARING

NOTICE IS HEREBY GIVEN THAT IF YOU SO REQUEST YOU WILL BE PROVIDED A HEARING OF THIS ORDER PROHIBITING USE ON THE VALIDITY OF THIS ORDER. IN THE EVENT THIS ORDER PROHIBITING USE HAS NOT BEEN REVOKED OR VACATED PRIOR THERETO, YOU ARE HEREBY NOTIFIED THAT YOU WILL BE PROVIDED A HEARING BY THE CHIEF OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH OR HER OR HIS DESIGNEE.

Hearing Requested: _____
Date of Hearing at 10 a.m.: _____
Location of Hearing: _____

DECLARATION OF SERVICE

Declaration of Service Mike
Copy Left With: _____
Order Served by: JFP27
Date: 10/31/23

**AUTHORIZATION
CHIEF OF THE DIVISION
OCCUPATIONAL SAFETY & HEALTH**

[Signature] FOR DH

D. Henderson, Senior EU Engineer

NOTICE (Red Tags) prohibiting use were attached and shall not be removed except as authorized by the Division. The Labor Code prohibits use except with the Division's knowledge and permission. Contact the local elevator unit office prior to removing tag or attempting repairs.
Standard, Order or Code Requirements & Description of Hazard Violated*

Inspector: T. Fernandez
continued on next page

ORDER PROHIBITING USE
October 9, 2023

Elevator # 109982

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Wheelchair, Roped Hydro, WCL TH, NO. 109982 - CONTINUED

1. The wheelchair lift top landing hoistway door shall be arranged to be self closing. subsection 3136 , 3094.2 : [REF. ASME 17.1 Rule 2000.1b(3) (1993)]

It is further ordered that the aforesaid shall be corrected and you are admonished to prohibit the use and operation of the affected unsafe device until said conditions have been rectified; and the Legal Bureau and/or any employee of the Division are hereby authorized to attach notice of said prohibition to said unsafe device and to institute any civil or criminal proceedings in the Courts which may be necessary to adequately enforce this order.

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf



RECEIVED
 NOV 16 2023

DOSH / EV UNIT, OAKLAND OFFICE

Page ____ Of ____

CONVEYANCE LOCATION	
Address: 900 Fallon Street	Inspection Date:
City: Oakland	Zip:
State No: 050152	ONLY ONE CONVEYANCE PER FORM

REQUIREMENT(S) COMPLETED	
Please list the requirement number(s) as they are shown on the Preliminary Order or Show Cause Order and resolution to each requirement:	
Req. # 1	Solution: _____ CCCM#: M68479
Req. # 2	Solution: The operation of the elevator under earthquake has been checked and works properly CCCM#: M68479
Req. # 3	Solution: The hoistway doors at the 5th, 7th, and 9th have been adjusted and working as required. CCCM#: M68479
Req. # 4	Solution: The light/alarm bell operates as intended. CCCM#: M68479
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:

SIGNATURES		
I hereby certify that the statement I have given herein is true and complete to the best of my knowledge. A false statement will be cause for voiding this notice of compliance and may cause reinstatement of accumulating fines from the original date of notification.		
Signature: CCCM	Signature: 2nd CCCM	License Expires Date: 01/18/2024
(Printed Name) John D McFarlin	(Printed Name)	Date:
Signature: (Printed Name & Title) Lynne Garcia /service coordinator		Date: 11/16/2023
Company (if applicable) KONE Inc		Phone Number: (510) 351-5141
		Office Location: San Leandro

[Handwritten signature]

Farber, Tina@DIR

From: Garcia Lynne <Lynne.Garcia@KONE.com>
Sent: Thursday, November 16, 2023 10:38 AM
To: DIR BayArea Elevator
Cc: DRESS JIM; Nunez Jose
Subject: 900 Fallon Street 050152 OPU, 051537, 070722 OPU
Attachments: 900 FALLON STREET 050152 051537 070722.pdf

CAUTION: [External Email]

This email originated from outside of our DIR organization. Do not click links or open attachments unless you recognize the sender and know the content is expected and is safe. If in doubt reach out and check with the sender by phone.

Hello,

Please see attached. Items pending below.

050152- item 1 telephone

051537- item 2 elevator pit lighting and item 3 machine room floor to be kept clean

070722- item 3 telephone

Best regards,

Lynne Garcia
Service Coordinator-East Bay
Bay Area Branch 380

KONE Americas
15021 Wicks Blvd
San Leandro, CA 94577
Office (510) 351-5141
Lynne.Garcia@KONE.com
24/7 Dispatch: (877) 276-8691 / koneserviceusk@kone.com
CA Contractor #179166
www.kone.us



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Please consider the environment before printing this email

Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input checked="" type="checkbox"/> State	Office-ID: 04	Elevator Number: 050152
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 Year <input type="checkbox"/> Other	<input type="checkbox"/> Temp. Construction	No Permit Until Reinspect <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure <input type="checkbox"/>	Req.'s	Inspection Time: . 50 Hrs	Inspection Fee: \$.00	

Site Contact

5	Recommendations Explained To: (Name) MIKE	Position: MAINT
---	----------------------------------------------	--------------------

Responsible Party Information

6	Company: PERALTA COMMUNITY COLLEGE	Attn: MIKE
7	Address: 333 E 8TH ST	Suite:
8	City: OAKLAND	State: CA
9	Prime Phone: [REDACTED]	Alt. Phone:
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID:
		Elevator Company Office location (City):

EV Data


11	Elevator Model: SAME	Controller Model: MONTGOMERY	Install Group: II	Alteration Group:	Alteration date:		
12	Governor Model: SAME	Safety Model: SAME	Battery Rescue:	Cab Flooring: Other 06	Cab Walls: Stainless steel 03	Cab Ceiling: T-bar 01	5 Year Check:
13	Access Keys: EX514	Rupture Valve: N/A	Speed: 350	Capacity: 2500	No. of landings: 10	Class: 00	

Escalator Data

14	Escalator Model:	Controller Model:	Install Group:	Alteration Group:	Alteration date:			
15	Upper Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Seismic location:
16	Lower Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Handrail stall time:
								Min. Brake Torque:

Comments / Notes

RED TAGGED- NON COMPLIANCE

Show Cause	Tag Order	Validation
		

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT

Oakland District Office
1515 Clay Street, Suite 1301
Oakland, CA 94612
Phone: 510.622.3026
Fax: 510.622.3045

ORDER PROHIBITING USE

October 9, 2023

Peralta Community College District
Department Of General Services
333 E 8th St
Oakland, CA 94606-2844

DISPOSITION OF SC/TAG ORDER
 Check One
 Served in Person on _____
 Served by Certified Mail on _____
 Tag Order Served & Equip. Sealed On 10/31/23
 Or
SHOW CAUSE TAG ORDER NOT SERVED
 Check One
 Employer Compliance
 Extension Recommended / _____ Days (See S-200)
 Further Legal Action Indicated
 By _____
 Engineer TF427 Date 10/31/23

Upon an inspection and/or investigation on May 17, 2023, the Division has determined that Passenger, Overhead Traction, EV 2, State Number 050152, located at 900 Fallon St, Oakland, is not in compliance with Title 8, Elevator Safety Orders, and is being operated without a valid permit.

THEREFORE USE IS PROHIBITED (California Labor Code) Section 7301, 7302, 7305 and 7320.

NOTICE OF HEARING

NOTICE IS HEREBY GIVEN THAT IF YOU SO REQUEST YOU WILL BE PROVIDED A HEARING OF THIS ORDER PROHIBITING USE ON THE VALIDITY OF THIS ORDER. IN THE EVENT THIS ORDER PROHIBITING USE HAS NOT BEEN REVOKED OR VACATED PRIOR THERETO, YOU ARE HEREBY NOTIFIED THAT YOU WILL BE PROVIDED A HEARING BY THE CHIEF OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH OR HER OR HIS DESIGNEE.

Hearing Requested: _____
Date of Hearing at 10 a.m.: _____
Location of Hearing: _____

DECLARATION OF SERVICE

Declaration of Service
Copy Left With: MIKE
Order Served by: TF427
Date: 10/31/23

**AUTHORIZATION
CHIEF OF THE DIVISION
OCCUPATIONAL SAFETY & HEALTH**

[Signature] FOR DH

D. Henderson, Senior EU Engineer

NOTICE (Red Tags) prohibiting use were attached and shall not be removed except as authorized by the Division. The Labor Code prohibits use except with the Division's knowledge and permission. Contact the local elevator unit office prior to removing tag or attempting repairs.
Standard, Order or Code Requirements & Description of Hazard Violated*

Inspector: T. Fernandez
continued on next page

ORDER PROHIBITING USE
October 9, 2023

Elevator # 050152

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Passenger, Overhead Traction, EV 2, NO. 050152 - CONTINUED

1. The telephone in the elevator shall be made to operate as intended. subsection 3041(a) , 3071(i)
2. The operation of the elevator under earthquake or other emergency conditions shall be checked for proper operation. subsection 3041(d)
3. The hoistway door(s) at the 5th, 7th and 9th floor(s) shall be arranged to close and lock automatically if the car, for any reason, leaves the landing zone. subsection 3020(b) , 3057
4. Since it was not possible to test the emergency light and bell on the emergency power source, verification that the light/alarm bell operates as intended shall be submitted to the DIVISION. subsection 3034(g) , 3064

It is further ordered that the aforesaid shall be corrected and you are admonished to prohibit the use and operation of the affected unsafe device until said conditions have been rectified; and the Legal Bureau and/or any employee of the Division are hereby authorized to attach notice of said prohibition to said unsafe device and to institute any civil or criminal proceedings in the Courts which may be necessary to adequately enforce this order.

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf

Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input checked="" type="checkbox"/> State	Office-ID: 04	Elevator Number: 050152
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> Temp. Construction <input type="checkbox"/> 2 Year <input type="checkbox"/> Other	No Permit Until Reinspect <input type="checkbox"/>		Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure <input type="checkbox"/>	Req.'s	Inspection Time: . 50 Hrs	Inspection Fee: \$.00	

Site Contact

5	Recommendations Explained To: (Name) MIKE	Position: MAINT
---	----------------------------------------------	--------------------

Responsible Party Information

6	Company: PERALTA COMMUNITY COLLEGE	Attn: MIKE
7	Address: 333 E 8TH ST	Suite:
8	City: OAKLAND	State: CA
9	Prime Phone:	Alt. Phone:
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID:
		Elevator Company Office location (City):

EV Data

11	Elevator Model: SAME	Controller Model: MONTGOMERY	Install Group: II	Alteration Group:	Alteration date:		
12	Governor Model: SAME	Safety Model: SAME	Battery Rescue:	Cab Flooring: Other 06	Cab Walls: Stainless steel 03	Cab Ceiling: T-bar 01	5 Year Check:
13	Access Keys: EX514	Rupture Valve: N/A	Speed: 350	Capacity: 2500	No. of landings: 10	Class: 00	

Escalator Data

14	Escalator Model:	Controller Model:	Install Group:	Alteration Group:	Alteration date:			
15	Upper Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Seismic location:
16	Lower Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Handrail stall time:
								Min. Brake Torque:

Comments / Notes

YELLOW TAGGED- NON PAYMENT

Show Cause	Tag Order	Validation
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Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/2023	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> State	Office-ID: 04	Elevator Number: 050152
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 07 & 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> Temp. Construction <input type="checkbox"/> 2 Year <input type="checkbox"/> Other		No Permit Until Reinspect <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure <input type="checkbox"/>	Req. s	Inspection Time: 2.0 Hrs	Inspection Fee: \$ 450 .00	

Site Contact

5	Recommendations Explained To: (Name)	Position:
---	--------------------------------------	-----------

Responsible Party Information

6	Company: PERALTA COMMUNITY COLLEGE	Attn:
7	Address: 333 E 8TH ST	
8	City: OAKLAND	State: CA
9	Prime Phone:	Alt. Phone:
10	Elevator Company: <input type="checkbox"/> Send Invoice	Elevator Company Office location (City):

EV Data

11	Elevator Model: SAME	Controller Model: SAME	Install Group: II	Alteration Group: IV	Alteration date:		
12	Governor Model: SAME	Safety Model: SAME	Battery Rescue: <input type="checkbox"/> yes <input type="checkbox"/> no	Cab Flooring:	Cab Walls:	Cab Ceiling:	5 Year Check:
13	Access Keys:	Rupture Valve:	Speed: 350	Capacity: 2500	No. of landings: 10	Class: 00	

Escalator Data

14	Escalator Model:	Controller Model:	Install Group:	Alteration Group:	Alteration date:	
15	Upper Impact	Right: Center: Left: Vertical:	Missing Step: Lvl Step:	Seismic location:		
16	Lower Impact	Right: Center: Left: Vertical:	Missing Step: Lvl Step:	Handrail stall time:	Min. Brake Torque:	

Comments / Notes

NEW DOOR OPERATOR Passer MOD

Red Tagged For Non Compliance.

Outstanding Invoice For \$1350 Yellow Tagged

Show Cause	Tag Order	Validation
		2012342

Elevator Unit Data Report – Cable
State of California DIR/DOSH

Office: 04
Variance #:

Group: II / IV
Install / Alt.
Elevator Number: 050152

1	Location: 900 FALLON ST	Street: OAKLAND	City: OAKLAND	Zip: 94607	Nearest Intersection: 7TH ST						
2	# Units: 14	Owner's I.D.: #2	<input type="checkbox"/> New <input checked="" type="checkbox"/> Alt/Mod	<input type="checkbox"/> Revised <input type="checkbox"/> Construction	Date Inspected: 10/31/2023	Inspected By: TF427					
3	Class: <input type="checkbox"/> Pass <input checked="" type="checkbox"/> Frt	Code:	Make/Manufacturer: ARMOUR	Code:	Installation Date: 01/01/1963	Mach Type: 01	Capacity: 2500	# of Passengers: 16			
4	Speed: 350	Rise:	Landings: 10	# Openings: 10	Control: 10	Operation: 33	Installing/Modernization Co.: KONE	Code: 316			
5	Machine Room	Machine Room Location:			Key Location:		Access:	Clearance:			
6	Ropes	No.	Size	Material	Date Install	R/S	Ropes	No.	Size	Material	Date Install
	Hoisting						Governor				
7	Drum CWT.						Cwt. Gov.				
8	Car CWT						Comp				
	Roping:						Method:				
9	Hoistway Entrance	Door/Gate Type: Side Opening Two Speed		Code: 05	Interlock MFR:		Code:	Primary interlock – Type:		Oper By:	
		Secondary Door/Gate Type:		Code:	Interlock MFR:		Code:	Secondary Interlock-Type:		Oper By:	
		Inter Force: #	Stroke: In	Cam Length: In	Force: #	Stroke: In	Hoistway Access	Access Keys:			
10	Doors & Gates	Width: F 42 R In	Weight: F R #	Force: F 15 R #	Closing Time: F 3.9 R Sec	Nudging: F 6.0 R Sec	4In Zone <input checked="" type="checkbox"/> <input type="checkbox"/>	Min. Closing: F R Sec	Contact: F: OK R:		
		Car Door/Gate: F Side Opening Two Speed R	Code: F 05 R	Fire Labels:	Decorative Covering: <input type="checkbox"/> <input type="checkbox"/>	Floors:	Safety Retainers:				
11	Car	Width: Ft In	Depth: Ft In	Emergency Exit: X In		Emergency Alarm: <input type="checkbox"/> Bell <input type="checkbox"/> 100' Bell <input type="checkbox"/> Phone		Over 60Ft Comm: <input type="checkbox"/> <input type="checkbox"/>		Yes No	
		CWT Weight: #	Car Weight: #	Cab Flooring/Code:		Cab Walls/Code:		Cab Ceiling/Code:			
12	Clearances	Crosshead: In	Car Top: In	CWT. OH: In	Nearest Strike: In	Pit Depth: In	Bottom Runby: In	CWT. Runby: In	Walk in Pit <input type="checkbox"/> <input type="checkbox"/>		
13	Lighting	Mach Room:	Hall:	Car:	Pit:	Sheave Space:	Car Top:	Emerg. Light:	Emerg. Light Manufacturer:		
14	Electrical	Disconnect: V: A:	Voltage: V	Controller:	Drive Motor:	MG Motor:	Ground:	Photo Eye:	Reopen Device:	Car top Op. <input type="checkbox"/> <input type="checkbox"/>	Non-Inter: Yes No
		Elevator Model: SAME	Controller Model: SAME		Software Version:		Electrical Code:	Battery Rescue: <input type="checkbox"/> <input type="checkbox"/>		Yes No	
15	Electrical Switches	Stop Switches:	Car:	Pit:	Crosshead:	Sheave Space:	Other:	Apron: F X In R X In	Door Zone:		Level Zone:
		Safety Switches:	Safety:	Comp:	Tape:	Buffers:	Slack Rope:	Normal: Top: Bot:	Final: Top: Bot:	Emerg: Top: Bot:	Other:

Elevator Number
050152

16	Guide Rails	Car Size: #	Cwt Size: #	Other:	Max Bracket Spacing	Car: Ft In	CWT: Ft In	Intermediate Brackets: Ft In		
17	Governor	Make:	Code:	Model: SAME	P/T: #	Tripping Speed: Fpm	Slow Down: UP: DN:	Stop Sw.:		
18	Safety	Make:	Code:	Car Model/Type: SAME	Code:	Release: #	Mark: In	Shoe: In	Slide: 0 In	
		Safety Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Inertia Test:	CWT Model/Type:	Code:	Mark: In	Shoe: In	Slide: 0 In	
		By _____								
19	Buffers	Make:	Code:	Buffer Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Bumper / Spring <input type="checkbox"/> <input type="checkbox"/>	Load Rating	Car #	Stroke In	
		Oil:	Model/Type:	By _____				Cwt #	Stroke In	
					Stroke: Car/CWT In / In	Ratings	Car # To #			
							Cwt # To #			
20	Emergency & Earthquake	Phase I <input type="checkbox"/> Yes <input type="checkbox"/> No	Recall Switch Location:	Keying:	Sensor:	Floor No.'s:	Fire Signs:	Instr. Sign's Phase I Phase 2 <input type="checkbox"/> <input type="checkbox"/>	Phase 2:	Fire Test Date:
		EQ. Test Date:	<input type="checkbox"/> Seismic Sw <input type="checkbox"/> Derailment	Emrg. Op.:	Snag Guards:	Car Top OP.:	Med Emrg. Car # <input type="checkbox"/> Yes <input type="checkbox"/> No		Emerg Bldg. PWR <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> EQ Reset <input type="checkbox"/> Collision Sw.							

Machine Room

- OK / N/a
- / Machine Room Key
- / Ventilation
- / Car Light Switch
(Dedicated & Numbered)
- / Fire Recall Log
- / Code Data Tag
- / No Stop Switch Key
- / Smoke Detector
- / Shunt Trip
- / Sprinkler Guard
- / G.F.C.I Outlet
- / Disconnect Warning
(2 or More Units)
- / Disconnect & Equipt #
- / Drive Sheave Dia. Marked
- / Drive Sheave & Rope Guards
- / Nip Points Guarded
- / Drive Sheave Rope Retainers
- / Floor Letter & Calc.
(No Machine Beams)
- / Gov. Sheave Rope Retainer
- / Gov. Adjustments Sealed
- / All Equipt. Secured for E.Q.
- / M. R. Seismic Detector
- / E.Q. Reset Button Marked
- / All Seismic Devices Fail Safe
- / Door Lock Management
- / All Door Bypass Operation
- / M. R. Inspection SW. (Yes/No)

Machine Room Cont.

- OK / N/a
 - / Ascending Car – Rope Gripper/E-Brake
 - / Unintended Car Movement
 - / Bypass Switch Warning Sign
- Hoistway**
- / Access Limit Switch Top & Bottom
 - / Vent (As Per Building Code)
 - / Sprinkler Head Guard
 - / Heat Detector Or Flow Switch
 - / Access Door & Screen
 - / Car Top Refuge
 - / I.D. Number on X-Head
(2 Or More Units)
 - / High Temp. Wire (Door Locks)
 - / >100Ft Hoistway Bell Req.
 - / Hoistway Recesses Covered
 - / Beam Projections Beveled
 - / Seismic Fish Plates
 - / Governor Rope Data Tag

Pit

- / Floor Drain
- / Sump Pump Outside Pit
- / Sprinkler Head Guard
- / NEMA 4 Fittings
- / G.F.C.I. Outlet
- / Refuge Space (<24" Red/White Stripping)
- / Additional Stop Sw. (Pit >67" Depth)
- / T.C. & Comp Chain Snag Guards

Pit Cont.

- OK / N/a
- / Counterweight Guard
- / Cwt Guard Opening
- / Cwt. Runby Data Plate
- / Safety Plank Data Plate
(Test date and Test Tag)
- / Buffer Test Data Tag
- / Hoist Rope Data Tag

Car Interior

- / Glass (Yes/No)
- / ANSI Z97.1 Label (All Glass)
- / Capacity Plate
- / Emergency ID # (2 or More)
- / Keyed Stop Switch
- / Illuminated Alarm Button
- / E.Q. Displayed in Car

Fire Service

- / Fire Hat to Blink on M.R. or Hoistway Smoke
- / Phase II Fire Panel Top Max 6Ft From Cab Floor
- / 3" Identification Number at Designated Level
(2 or More Cars)

Notes: GAL MOVFR - DOOR OPERATOR

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR, RIDE, AND TRAMWAY UNIT



REQUEST FOR INSPECTION NEW INSTALL OR MODERNIZATION

TODAY'S DATE: 10/18/23

DATE OF LETTER OF INTENT: 10/18/23 EXECUTED CONTRACT DATE: 07/25/23

LOCATION

Name of Building: Laney College
Street Address: 900 Falloon St
City: Oakland
Cross Street(s): 7th street

REQUESTOR

Company: Kone Elevator
Office: San Leandro
Requestor's Name: Tahj Smith
Telephone Number: [REDACTED]
Mechanic performing inspection: Rich Gomez
Mechanic's Telephone Number: [REDACTED]

REQUESTED DATE FOR INSPECTION: 10/19/23

EQUIPMENT INFORMATION 2 # UNITS DUPLEX

Type of Equipment: Kone Installation Group Number: 2

Variance # (If applicable): _____ State Number (If Issued): 050152

TYPE OF INSPECTION REQUESTED

NEW MODERNIZATION Re-INSPECT

IS THE GENERAL CONTRACTOR 100% READY FOR INSPECTION? YES NO

IS THE ELEVATOR COMPANY 100% READY FOR INSPECTION? YES NO

HAS ALL FLS TESTING BEEN PERFORMED BY CQCC & FIRE ALARM COMPANY? YES NO

This section is for DIR use:

ASSIGNED TO: Tony Fernandez

DATE OF INSPECTION: 10/31/23 TIME: 7am

MON TUE WED THU FRI

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT



ALTERATION INTENT TO INSTALL FORM

Today's date 10/18/2023

Pursuant to section 3001(a)(1) and section 3001(a)(4) of California Code of Regulations Title 8 Elevator Safety Orders. Accept this letter as notice. Drawings and submittals may be necessary.

Elevator Company Name Kone Inc
Billing Address 15021 Wicks Blvd., San Leandro CA 94577
Telephone Number 5102958742
CQCC # CC-03-012721

Address of Alteration of Elevator:

Street: 900 Fallon ST
City: Oakland
Zip Code: 94607

Building Name: Laney College Tower

Number of Units: 1

Permitted California Electrical Code of Record: CEC 2016

Controller model: Kone

Observation car or Glass installed in/or on cab wall: No if yes drawings shall be submitted to the Division before installation.

California State ID Number 50152

Check one

- Passenger
Freight
Dumbwaiter
Escalator
Wheelchair lift
VRC
LULA
Special Purpose
Other

Check one

- Cable Traction
Hydroelectric
Roped
Hydroelectric
Overhead Drum
Basement Drum
Screw Drive
Chain/Belt Escalator
Rack & Pinion
Other

Complete

- Rated Load 2500
Rated speed 350
Rise
Control type

List Below the applicable Requirements of 8.7 and 8.4 ASME A17.1-2004

Table with 4 columns: Req #, Requirement, Description, and Completion status. Row 1: Req # 8, 7.2.13, Door Operator Replacement, Complete.

The elevator shall be 100% complete before requesting an inspection. Page 1 of 1

Prepared by: Tahj Smith Estimated completion Date: 10/18/2023

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT



ALTERATION INTENT TO INSTALL FORM

Today's date 10/18/2023

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Observation car or Glass installed in/or on cab wall: No if yes drawings shall be submitted to the Division before installation.

California State ID Number 50152

Table with 4 columns: Check one, Check one, Complete, and values. Rows include Passenger, Freight, Dumbwaiter, Escalator, Wheelchair lift, VRC, LULA, Special Purpose, Other, Cable Traction, Hydroelectric, Roped, Hydroelectric, Overhead Drum, Basement Drum, Screw Drive, Chain/Belt Escalator, Rack & Pinion, Other, Rated Load (2500), Rated speed (350), Rise, Control type.

List Below the applicable Requirements of 8.7 and 8.4 ASME A17.1-2004

Table with 4 columns: Req # 8., Description, Description, Description. Row 1: 7.2.13, Door Operator Replacement.

The elevator shall be 100% complete before requesting an inspection. Page 1 of 1

Prepared by: Tahj Smith Estimated completion Date: 10/18/2023

Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input checked="" type="checkbox"/> State	Office-ID: 04	Elevator Number: 059308
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> Temp. Construction <input type="checkbox"/> 2 Year <input type="checkbox"/> Other		No Permit Until Reinspect <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure <input type="checkbox"/>	Req.'s	Inspection Time: .50 Hrs	Inspection Fee: \$.00	

Site Contact

Red & Yellow Tagged

5	Recommendations Explained To: (Name) MIKE	Position: MAINT
---	----------------------------------------------	--------------------

Responsible Party Information

6	Company: PERALTA COMMUNITY COLLEGE	Attn: MIKE
7	Address: 333 E 8TH ST	Suite:
8	City: OAKLAND	State: CA
9	Prime Phone: [REDACTED]	Alt. Phone:
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID:
		Elevator Company Office location (City):

EV Data

11	Elevator Model: SAME	Controller Model: HMC 1000 PHC	Install Group: II	Alteration Group:	Alteration date:		
12	Governor Model: XXXXXX	Safety Model: XXXXXXX	Battery Rescue: YES	Cab Flooring: VCT 05	Cab Walls: Other 08	Cab Ceiling: Other 06	5 Year Check: 1/2020
13	Access Keys: EX514	Rupture Valve: OK	Speed: 125	Capacity: 3000	No. of landings: 5	Class: 00	

Escalator Data

14	Escalator Model:	Controller Model:	Install Group:	Alteration Group:	Alteration date:			
15	Upper Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Seismic location:
16	Lower Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Handrail stall time:
								Min. Brake Torque:

Comments / Notes

YELLOW TAGGED- NON PAYMENT

Show Cause	Tag Order	Validation
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Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> State	Office-ID: 04	Elevator Number: 059308
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 Year <input type="checkbox"/> Other	<input type="checkbox"/> Temp. Construction	No Permit Until Reinspect <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure <input type="checkbox"/>	Req.'s	Inspection Time: . 50 Hrs	Inspection Fee: \$ 0 .00	

Site Contact

5	Recommendations Explained To: (Name) MIKE	Position: MAINT
Responsible Party Information		
6	Company: PERALTA COMMUNITY COLLEGE	Attn: MIKE
7	Address: 333 E 8TH ST	Suite:
8	City: OAKLAND	State: CA
9	Prime Phone: [REDACTED]	Alt. Phone:
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID:
		Elevator Company Office location (City):

EV Data

11	Elevator Model: SAME	Controller Model: HMC 1000 PHC	Install Group: II	Alteration Group:	Alteration date:		
12	Governor Model: XXXXXX	Safety Model: XXXXXX	Battery Rescue: YES	Cab Flooring: VCT 05	Cab Walls: Other 08	Cab Ceiling: Other 06	5 Year Check: 1/2020
13	Access Keys: EX514	Rupture Valve: OK	Speed: 125	Capacity: 3000	No. of landings: 5	Class: 00	

Escalator Data

14	Escalator Model:	Controller Model:	Install Group:	Alteration Group:	Alteration date:			
15	Upper Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Seismic location:
16	Lower Impact	Right:	Center:	Left:	Vertical:	Missing Step:	Lvl Step:	Handrail stall time:
								Min. Brake Torque:

Comments / Notes

RED TAGGED- NON COMPLIANCE

Show Cause	Tag Order	Validation

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT

Oakland District Office
1515 Clay Street, Suite 1301
Oakland, CA 94612
Phone: 510.622.3026
Fax: 510.622.3045

DISPOSITION OF SC/TAG ORDER
 Check One
 Served in Person on _____
 Served by Certified Mail on _____
 Tag Order Served & Equip. Sealed On 10/31/23
 of _____
SHOW CAUSE TAG ORDER NOT SERVED
 Employer Compliance
 Extension Recommended / _____ Days (See S-200)
 Further Legal Action Indicated
 By _____
 Engineer TF427 Date 10/31/23

ORDER PROHIBITING USE

October 9, 2023

Peralta Community College District
Department Of General Services
333 E 8th St
Oakland, CA 94606-2844

Upon an inspection and/or investigation on May 17, 2023, the Division has determined that Passenger, Hydroelectric, TH'TER, State Number 059308, located at 900 Fallon St, Oakland, is not in compliance with Title 8, Elevator Safety Orders, and is being operated without a valid permit.

THEREFORE USE IS PROHIBITED (California Labor Code) Section 7301, 7302, 7305 and 7320.

NOTICE OF HEARING

NOTICE IS HEREBY GIVEN THAT IF YOU SO REQUEST YOU WILL BE PROVIDED A HEARING OF THIS ORDER PROHIBITING USE ON THE VALIDITY OF THIS ORDER. IN THE EVENT THIS ORDER PROHIBITING USE HAS NOT BEEN REVOKED OR VACATED PRIOR THERETO, YOU ARE HEREBY NOTIFIED THAT YOU WILL BE PROVIDED A HEARING BY THE CHIEF OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH OR HER OR HIS DESIGNEE.

Hearing Requested: _____
Date of Hearing at 10 a.m.: _____
Location of Hearing: _____

DECLARATION OF SERVICE

Declaration of Service
Copy Left With: Mike
Order Served by: TF427
Date: 10/31/23

**AUTHORIZATION
CHIEF OF THE DIVISION
OCCUPATIONAL SAFETY & HEALTH**

BSD FOR DH

D. Henderson, Senior EU Engineer

NOTICE (Red Tags) prohibiting use were attached and shall not be removed except as authorized by the Division. The Labor Code prohibits use except with the Division's knowledge and permission. Contact the local elevator unit office prior to removing tag or attempting repairs.
Standard, Order or Code Requirements & Description of Hazard Violated*

Inspector: T. Fernandez
continued on next page

ORDER PROHIBITING USE
October 9, 2023

Elevator # 059308

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Passenger, Hydroelectric, TH'TER, NO. 059308 - CONTINUED

1. The elevator car lighting diffuser panels or panel frame structure shall be properly secured/supported in place to prevent them from falling. subsection 3034(g) , 3064
2. The elevator car lighting shall be repaired, so that a minimum of two lamps or bulbs providing not less than 5 fc of illumination at the elevator threshold with the doors closed is provided. subsection 3034(g)(1) , 3064
3. The emergency battery lowering device shall be tested for proper operation under all six (6) conditions listed in Circular Letter E-01-03. California Labor Code subsection 7318 : [Ref. Circular Letter E-01-03]

It is further ordered that the aforesaid shall be corrected and you are admonished to prohibit the use and operation of the affected unsafe device until said conditions have been rectified; and the Legal Bureau and/or any employee of the Division are hereby authorized to attach notice of said prohibition to said unsafe device and to institute any civil or criminal proceedings in the Courts which may be necessary to adequately enforce this order.

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf

RECEIVED
 NOV 16 2023



Page ____ Of ____

DOSH / EV UNIT, OAKLAND OFFICE

CONVEYANCE LOCATION	
Address: 900 Fallon Street	Inspection Date:
City: Oakland	Zip:
State No: 051537	

ONLY ONE CONVEYANCE PER FORM

REQUIREMENT(S) COMPLETED
 Please list the requirement number(s) as they are shown on the Preliminary Order or Show Cause Order and resolution to each requirement:

Req. # 1	Solution: The emergency battery lowering device has been tested and works properly as required.	CCCM#: M68479
Req. # 2	Solution:	CCCM#:
Req. # 3	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:

SIGNATURES

I hereby certify that the statement I have given herein is true and complete to the best of my knowledge. A false statement will be cause for voiding this notice of compliance and may cause reinstatement of accumulating fines from the original date of notification.

Signature: CCCM	Signature: 2nd CCCM	License Expire Date: 01/18/2024
(Printed Name) John D McFarlin	(Printed Name)	Date:
Signature:		Date: 11/16/2023
(Printed Name & Title) Lynne Garcia /service coordinator		
Company (if applicable) KONE Inc	Phone Number: (510) 351-5141	
	Office Location: San Leandro	



Oakland District Office
 1515 Clay Street, Suite 1301
 Oakland, CA 94612
 Phone 510.622.3026
 Fax 510.622.3043
 May 26, 2023

Student Services

STATE OF CALIFORNIA
 DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

**PRELIMINARY
 ORDER**

PERALTA COMMUNITY COLLEGE DISTRICT
 DIR OF FAC
 333 E 8TH ST
 OAKLAND, CA 94606-2844

NOTE: Pay invoice E19684510A within
 60 days from its issuance to avoid a
 100% penalty assessment. All fees are
 due IMMEDIATELY upon receipt of the
 invoice.

A survey of your Passenger, Hydroelectric, EV 5, State Number 051537 located at 900 Fallon St, Oakland
 was made on May 16, 2023 by EU Engineer, T. Fernandez. Person Contacted FERNANDO Compliance date
July 17, 2023.

The conditions in need of correction are noted below. The numbers following the listed items refer to the sections
 of the California Code of Regulations (Title 8), or the Labor Code (L.C.) of the State of California

1. The emergency battery lowering device shall be tested for proper operation under all six (6) conditions listed
 in Circular Letter E-01-03. California Labor Code subsection 7318; [Ref. Circular Letter E-01-03]
2. The elevator pit lighting shall be made operative and shall provide an illumination of not less than 5 foot-
 candles measured at the pit floor next to the access ladder or door. subsection 3016(f), 3053 [CEC 620]
3. The machine room floor shall be kept clean and free from oil, grease, water, and dirt. subsection 3000(h),
 3050(b)(4)

Notification in writing that each of the listed items have been complied with shall be submitted to the above listed
 District office on the Compliance Form available at www.dir.ca.gov/dosh/ElevatorPubs_forms.html before the
PERMIT TO OPERATE will be issued. Failure to Notify the Division within the allotted time may result in
 additional Penalties being assessed

NO PERMIT WILL BE ISSUED UNTIL NOTIFICATION HAS BEEN RECEIVED AND ALL FEES ARE PAID.

Dave Henderson, Senior Safety Engineer

AT

Department of Student Services
 Peralta Community College District

JUN 07 2023

*#3 working is coming through the wall
 from a bathroom on floor above the
 machine room*

Farber, Tina@DIR

From: Garcia Lynne <Lynne.Garcia@KONE.com>
Sent: Thursday, November 16, 2023 10:38 AM
To: DIR BayArea Elevator
Cc: DRESS JIM; Nunez Jose
Subject: 900 Fallon Street 050152 OPU, 051537, 070722 OPU
Attachments: 900 FALLON STREET 050152 051537 070722.pdf

CAUTION: [External Email]

This email originated from outside of our DIR organization. Do not click links or open attachments unless you recognize the sender and know the content is expected and is safe. If in doubt reach out and check with the sender by phone.

Hello,

Please see attached. Items pending below.

050152- item 1 telephone

051537- item 2 elevator pit lighting and item 3 machine room floor to be kept clean

070722- item 3 telephone

Best regards,

Lynne Garcia
Service Coordinator-East Bay
Bay Area Branch 380

KONE Americas
15021 Wicks Blvd
San Leandro, CA 94577
Office (510) 351-5141
Lynne.Garcia@KONE.com
24/7 Dispatch: (877) 276-8691 / koneserviceus@kone.com
CA Contractor #179166
www.kone.us



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