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:

<table>
<thead>
<tr>
<th>Req. #</th>
<th>Solution</th>
<th>CCCM#</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>The load test has been completed and form attached.</td>
<td>M68479</td>
</tr>
<tr>
<td>#2</td>
<td>The tag has been installed as required.</td>
<td>M68479</td>
</tr>
<tr>
<td>#3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#4</td>
<td>The hoistway doors at the first floor have been adjusted as required.</td>
<td>M88479</td>
</tr>
<tr>
<td>#5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURES

I hereby certify that the statements I have given herein are 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
(Printed Name): John O'McFarlin
(Printed Name & Title): Lynne Garcia/service coordinator

Signature: 
2nd CCCM
License Expire Date: 01/18/2024
Date: 11/16/2023
Phone Number: (510) 351-5141
Office Location: San Leandro

Doc. #: EU-632
Rev. 8/21/2018
PERALTA COMMUNITY COLLEGE DISTRICT
DIR OF FAC
333 E 6TH ST
OAKLAND, CA 94606-2844

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

PRELIMINARY ORDER

NOTE: Pay invoice E1968490A 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, E BLDG, Suite Number 978722 located at 900 Fallon St,
Oakland was made on May 17, 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. 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 304 (a) . 307 (h)

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 zones. subsection 3020(b) . 3057

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/ElevatorPub_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.

Department of General Services
Peralta Community College District

7/17/2023

Dave Henderson, Senior Safety Engineer

7/17/2023
GROUP II FIVE YEAR HYDRAULIC LOAD TEST REPORT

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 Year Load test
Elevator State Number: 070722 Date of Test: 11-13-2023
Location of Elevator: Oakland, CA

Elevator Rated Load as shown on Crosshead Data Plate: 2000 165 lbs
Rated Speed as shown on Data Plate: (Not greater than 125% of Up Speed as shown below)
Elevator Up Speed with Rated Load: 115 FPM Elevator Down Speed with Rated Load: 120 FPM

Working Pressure: 450 PSI

Pit Shut off Valve Rating: 600 WOG
OSV Tripping Speed: N/A
Relief Valve Sealed? Yes No

Movement of Elevator with Rated Load in 15 Minutes:

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

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

Verification by CQCC of Current Responsible Party
Dir of Facility (Jason Busby)

Name of Responsible Party: 333 E 8th Street
City of Responsible Party: Oakland 209-601-2142
Phone Number of Responsible Party:

John McFarlin
Printed Name

M68479
CCC Certification Number
1/18/2024
CCC Expiration Date

Clear Lin T

PERMANENT RECORD
DO NOT DESTROY

RED TAGGED 8-16-23 OPU
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
**Elevator Unit Field Report**
State of California DIR/DOSH

<table>
<thead>
<tr>
<th></th>
<th>Date of Inspection: 10/31/23</th>
<th>Inspectors ID: TF427</th>
<th>Agency</th>
<th>Private</th>
<th>County</th>
<th>City</th>
<th>State</th>
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<tbody>
<tr>
<td>2</td>
<td>Location address: 900 FALLON ST</td>
<td>City: OAKLAND</td>
<td>Zip: 94607</td>
<td>Building Name: LANEY COLLEGE</td>
<td></td>
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<tr>
<td>3</td>
<td>Elevator Service Co.: KONE</td>
<td>Company ID: 316</td>
<td>Survey Type: 05</td>
<td>Permit: 1 Year</td>
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<td></td>
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<tr>
<td>4</td>
<td>Safety Requirements: ☑ No ☑ Yes</td>
<td>Number of Req's</td>
<td>Alternate Procedure</td>
<td>Req's</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inspection Time:</td>
<td>Inspection Fee:</td>
<td>$</td>
<td>.00</td>
<td></td>
<td></td>
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### Site Contact

<table>
<thead>
<tr>
<th></th>
<th>Recommendations Explained To: (Name)</th>
<th>Position:</th>
<th>MAINT</th>
</tr>
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<tbody>
<tr>
<td>6</td>
<td>Company: Peralta Community College</td>
<td>Attn:</td>
<td>MIKE</td>
</tr>
<tr>
<td>7</td>
<td>Address: 333 E 8TH ST</td>
<td>Suite:</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>City: OAKLAND</td>
<td>State: CA</td>
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</tr>
<tr>
<td>9</td>
<td>Prime Phone:</td>
<td>Alt. Phone:</td>
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<tr>
<td>10</td>
<td>Elevator Company:</td>
<td>Company ID:</td>
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### Responsible Party Information

<table>
<thead>
<tr>
<th></th>
<th>Elevator Company Office Location (City):</th>
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### EV Data

<table>
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<tr>
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<th>Elevator Model: OTIS</th>
<th>Controller Model: HMC 1000 PHC</th>
<th>Install Group: II</th>
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<td>12</td>
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<td>13</td>
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<td>Rupture Valve: YES</td>
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<td></td>
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</tr>
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<td>Class: 00</td>
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### Escalator Data

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<td>LvL Step:</td>
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<td>Seismic Location:</td>
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<td>16</td>
<td>Lower Impact:</td>
<td>Center:</td>
<td>Left:</td>
<td>Vertical:</td>
<td>Missing Step:</td>
</tr>
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<td></td>
<td>Right:</td>
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<td>LvL Step:</td>
</tr>
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<td></td>
<td></td>
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<td>Handrail stall time:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Min. Brake Torque:</td>
</tr>
</tbody>
</table>

### Comments / Notes

**RED TAGGED - NON COMPLIANCE**

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Revision 3/30/12
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: Mike _
Order Served by: _TJ427_____________________
Date: 10/31/23

AUTHORIZATION

CHIEF OF THE DIVISION
OCCUPATIONAL SAFETY & HEALTH

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

[Signature]
Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf
**Elevator Unit Field Report**

**State of California DIR/DOSH**

**Date of Inspection:** 10/31/23  
**Inspectors ID:** TF427

<table>
<thead>
<tr>
<th>Location address:</th>
<th>City:</th>
<th>Zip:</th>
<th>Building Name:</th>
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<tbody>
<tr>
<td>900 FALLOON ST</td>
<td>OAKLAND</td>
<td>94607</td>
<td>LANEY COLLEGE</td>
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<tr>
<th>Elevator Service Co.:</th>
<th>Company ID</th>
<th>Survey Type:</th>
<th>Permit:</th>
<th>No Permit Until Reinspect:</th>
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<tbody>
<tr>
<td>KONE</td>
<td>316</td>
<td>05</td>
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<th>Safety Requirements:</th>
<th>Number of Req's</th>
<th>Alternate Procedure</th>
<th>Req.'s</th>
<th>Inspection Time:</th>
<th>Inspection Fee:</th>
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<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>.75 Hrs</td>
<td>$ ___ .00</td>
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</table>

**Site Contact**

**Recommendations Explained To:**  
**Position:**  
**Company:** PERALTA COMMUNITY COLLEGE  
**Attn:** MIKE

**Responsibility Party Information**

**Address:** 333 E 8TH ST  
**City:** OAKLAND  
**State:** CA  
**Zip:** 94606

**Prime Phone:**  
**Alt. Phone:**  
**Email:**  
**Company ID:**  
**Elevator Company Office location (City):**

**EV Data**

<table>
<thead>
<tr>
<th>Elevator Model:</th>
<th>Controller Model:</th>
<th>Install Group:</th>
<th>Alteration Group:</th>
<th>Alteration date:</th>
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<tbody>
<tr>
<td>OTIS</td>
<td>HMC 1000 PHC</td>
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<tr>
<th>Governor Model:</th>
<th>Safety Model:</th>
<th>Battery Rescue:</th>
<th>Cab Flooring:</th>
<th>Cab Walls:</th>
<th>Cab Ceiling:</th>
<th>5 Year Check:</th>
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<tbody>
<tr>
<td>XXXXX</td>
<td>XXXXX</td>
<td>YES</td>
<td>VCT 05</td>
<td>Raised P-lam 02</td>
<td>Drop Ceil 02</td>
<td>7/2016</td>
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<th>Speed:</th>
<th>Capacity:</th>
<th>No. of landings:</th>
<th>Class:</th>
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<tbody>
<tr>
<td>EX514/GB</td>
<td>N/A</td>
<td>125</td>
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**Escalator Data**

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<th>Escalator Model:</th>
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<th>Install Group:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Upper Impact</th>
<th>Right:</th>
<th>Center:</th>
<th>Left:</th>
<th>Vertical:</th>
<th>Missing Step:</th>
<th>Lvl Step:</th>
<th>Seismic Location:</th>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Lower Impact</th>
<th>Right:</th>
<th>Center:</th>
<th>Left:</th>
<th>Vertical:</th>
<th>Missing Step:</th>
<th>Lvl Step:</th>
<th>Handrail stall times:</th>
<th>Min. Brake Torque:</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**Comments / Notes**

YELLOW TAGGED - NON PAYMENT

& Red Tagged

**Show Cause**

**Tag Order**

**Validation**

Revision 3/30/12
### Elevator Unit Field Report

**State of California DIR/DOSH**

<table>
<thead>
<tr>
<th>1. Date of Inspection:</th>
<th>10/31/23</th>
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<tbody>
<tr>
<td>Inspectors ID:</td>
<td>TF427</td>
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</tbody>
</table>

**Location Address: 900 FALLON ST**

**City:** OAKLAND  **Zip:** 94607  **Building Name:** LANEY COLLEGE

**Elevator Service Co.:** KONE  **Company ID:** 316

**Survey Type:** R1  **Permit:** 1 year  **Temp. Construction:** No

**Alternate Procedure:** No  **Req.'s:** 1

**Inspection Time:** 1.5 Hrs  **Inspection Fee:** $350.00

---

**Site Contact**

**Recommendations Explained To:** FERNANDO  **Position:** MAINT

**Responsible Party Information**

**Company:** PERALTA COMMUNITY COLLEGE  **Attn:** MIKE

**Address:** 333 E 8TH ST  **City:** OAKLAND  **State:** CA  **Zip:** 94606

**Prime Phone:**  **Alt. Phone:**  **Email:**

---

**EV Data**

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<tr>
<th>Elevator Model:</th>
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<td>Cab Ceiling:</td>
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**Escalator Data**

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<tbody>
<tr>
<td>Controller Model:</td>
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**Upper Impact**

<table>
<thead>
<tr>
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<tbody>
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**Lower Impact**

<table>
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<td>Handrail stall time:</td>
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<tr>
<td>Min. Brake Torque:</td>
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<td></td>
</tr>
</tbody>
</table>

---

**Comments / Notes**

R1 cleaves 05, Attached

---

**Revision 3/30/12**
November 17, 2023

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

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
**Elevator Unit Field Report**

**State of California DIR/DOSH**

<table>
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**Site Contact**

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**EV Data**

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**Comments / Notes**

R1 WAS COMPLETED

**Show Cause**

**Tag Order**

**Validation**

Revision 3/30/12
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:
Order Served by:
Date:

D. Henderson, Senior EU Engineer

AUTHORIZATION

CHIEF OF THE DIVISION
OCCUPATIONAL SAFETY & HEALTH

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
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

[Signature]

Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf
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
Conveyance Number
05/17/2023
Date of Inspection
05/17/2024
Date Permit Expires

LOCATION: 900 FALLON ST
Street Address
OAKLAND, CA 94607
City or Town

LOAD PERMISSIBLE: 750
Pounds
2
Persons
TF427
Inspector

DESCRIPTION: WCL
Type of Conveyance
WCL TH
Owner's ID
AC 1 and 2 spd
Power
Roped Hydro
Type of Machine

THIS PERMIT SHALL BE POSTED ON THE CONVEYANCE
State of California
Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR, RIDE, AND TRAMWAY UNIT

Page 1 Of

RECEIVED
GAVIN NEWSOM, Governor

NOV 16 2023
DOSH/EV UNIT, OAKLAND OFFICE

CONVEYANCE LOCATION
Address: 900 Fallon Street
City: Oakland
State No: 109982
Zip:

ONLY ONE CONVEYANCE PER FORM

REQUIREMENTS 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 wheelchair lift top landing hoistway door has been adjusted to be self closing
CCCM#: M65479

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#:

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 note of compliance and may cause reinstatement of accumulating fines from the original date of notification.

Signature: Lynne Garcia /service coordinator
Printed Name: Lynne Garcia
Printed Name & Title: Lynne Garcia /service coordinator
Company (if applicable): KONE Inc
Phone Number: (510) 351-5141
Office Location: San Leandro
License Expire Date: 01/18/2024
Doc. #: EU-532
Rev. 1 8/21/2018
PERALTA COMMUNITY COLLEGE DISTRICT
DIR OF FAC
333 E 8TH ST
OAKLAND, CA 94606-2944

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

PRELIMINARY ORDER

NOTE: Pay invoice E1964710A 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 Wheelchair, Roped Hydro, WCL TH, State Number: 109992 located at 500 Fallow St., Oakland was made on May 17, 2023 by ENG 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 wheelchair lift top landing hatchway door shall be arranged to be self-closing. subsection 3136, 3094.2 (REF: ASME 17.1 Rule 2000 1b(3) (1993))

Notification is hereby given 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/iosb/ElevatorPubs_forms.htm 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.

[Signature]
Dave Henderson, Senior Safety Engineer

[Date] JUN 07 2023

[Signature]
[Title]
### Elevator Unit Field Report

**State of California DIR/DOSH**

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<td>Number of Req's:</td>
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<td>Alternate Procedure:</td>
<td>Req's:</td>
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### Site Contact

- **Recommendations Explained To:** Name: MIKE

### Responsible Party Information

- **Company:** PERALTA COMMUNITY COLLEGE
- **Attn:** MIKE
- **Address:** 333 E 8TH ST
- **City:** OAKLAND
- **State:** CA
- **Zip:** 94606
- **Prime Phone:**
- **Alt. Phone:**
- **Email:**

### EV Data

- **Elevator Model:** PORCH LIFT
- **Controller Model:** PORCH LIFT
- **Install Group:** III
- **Battery Rescue:** N
- **Metal Flooring:** 04
- **Capacity:** 750
- **No. of landings:** 2
- **Class:** 15

### Escalator Data

- **Escalator Model:**
- **Controller Model:**
- **Install Group:**
- **Alteration Group:**
- **Alteration date:**

### Comments / Notes

- **YELLOW TAGGED- NON PAYMENT**

### Show Cause | Tag Order | Validation

---

**Revision 3/30/12**
Elevator Unit Field Report
State of California DIR/DOSH

Date of Inspection: 10/31/23
Inspectors ID: TF427
Agency
Private
County
City
State
Office-ID: 04
Elevator Number: 109982

Location address: 900 FALLON ST
City: OAKLAND
Zip: 94607
Building Name: LANEY COLLEGE

Elevator Service Co.: KONE
Company ID: 316
Survey Type: 05
Permit: 1 year
Temp. Construction
No Permit
Until Reinspect
Release Permit:

Safety Requirements: Yes
Number of Req's: 0
Alternate Procedure: No
Req's.:

Inspection Time: .50 Hrs
Inspection Fee:

Site Contact
Recommendations Explained To: (Name) MIKE
Position: MAINT

Responsible Party Information
Company: PERALTA COMMUNITY COLLEGE
Attn: MIKE
Address: 333 E 8TH ST
City: OAKLAND
State: CA
Zip: 94606
Prime Phone:
Alt. Phone:
Email:

Elevator Company: No Send Invoice
Company ID:
Elevator Company Office Location (City):

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

Escalator Data
Escalator Model:
Controller Model:
Install Group:
Alteration Group:
Alteration date:
Upper Impact
Right: Center: Left: Vertical:
Missing Step: Lvl Step: Seismic location:
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

Revision 3/30/12
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
Copy Left With:
Order Served by:________________________
Date:________________________

AUTHORIZATION

CHIEF OF THE DIVISION
OCCUPATIONAL SAFETY & HEALTH

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
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
<table>
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<tr>
<th>Req. #</th>
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<tr>
<td>1</td>
<td>3000(h) CAB AND HOISTWAY DOORS SHALL FULLY OPEN @ ALL FLOORS</td>
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CONVEYANCE LOCATION

Address: 900 Fallon Street
City: Oakland
State No: 050152

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

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: [Signature]
(Printed Name) John D. McFarlin

Signature: [Signature]
(Printed Name) Lynne Garcia /service coordinator

Company (if applicable) KONE Inc

License Expires Date: 01/18/2024

Date: 11/16/2023
PERALTA COMMUNITY COLLEGE DISTRICT  
DIR OF FAC  
333 E 8TH ST  
OAKLAND, CA 94606-2844

A survey of your Passenger, Overhead Traction, EV Z, State Number 850152 located at 900 Fallon St, Oakland was made on May 17, 2023 by EL 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 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

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

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/docs/ElevatorPub_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

JUN 07 2023
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

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<td>Inspectors ID: TF427</td>
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<td>2</td>
<td>Location address: 900 FALLON ST</td>
<td>City: OAKLAND</td>
<td>Zip: 94607</td>
<td>Building Name: LANEY COLLEGE</td>
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</table>

**Site Contact**

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

**Responsible Party Information**

- **Company:** PERALTA COMMUNITY COLLEGE
- **Att.:** MIKE
- **Address:** 333 E 8TH ST
- **City:** OAKLAND
- **State:** CA
- **Zip:** 94606

**EV Data**

- **Elevator Model:** SAME
- **Controller Model:** MONTGOMERY
- **Governor Model:** SAME
- **Safety Model:** SAME
- **Battery Rescue:** Other 06
- **Rupture Valve:** N/A
- **Speed:** 350
- **Capacity:** 2500
- **No. of landings:** 10

**Escalator Data**

- **Escalator Model:**   
- **Controller Model:**   
- **Install Group:**   
- **Alteration Group:**   
- **Alteration date:**   
- **Right:**   
- **Center:**   
- **Left:**   
- **Vertical:**   
- **Missing Step:** Lvl Step
- **Lvl Step:**   
- **Handrail stall time:**   
- **Min. Brake Torque:**   

**Comments / Notes**

RED TAGGED- NON COMPLIANCE

**Show Cause**

**Tag Order**

**Validation**

Revision 3/30/12
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 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: __________________________
Order Served by: __________________________
Date: __________________________

AUTHORIZATION

CHIEF OF THE DIVISION
OCCUPATIONAL SAFETY & HEALTH

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  

[Signature]  
Dan Barker  
Lead Senior Safety Engineer  
Elevator Unit  

/tf
## Elevator Unit Field Report

State of California DIR/DOSH

<table>
<thead>
<tr>
<th>1</th>
<th>Date of Inspection:</th>
<th>10/31/23</th>
<th>Inspectors ID:</th>
<th>TF427</th>
</tr>
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<tbody>
<tr>
<td>2</td>
<td>Location address:</td>
<td>900 FALLON ST</td>
<td>City:</td>
<td>OAKLAND</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Zip:</td>
<td>94607</td>
</tr>
<tr>
<td>3</td>
<td>Elevator Service Co.:</td>
<td>KONE</td>
<td>Company ID:</td>
<td>316</td>
</tr>
<tr>
<td></td>
<td>Survey Type:</td>
<td>05</td>
<td>Permit:</td>
<td>1 year</td>
</tr>
<tr>
<td>4</td>
<td>Safety Requirements:</td>
<td>No</td>
<td>Alternate Procedure:</td>
<td>Req's</td>
</tr>
<tr>
<td></td>
<td>Inspection Time:</td>
<td>0.50 Hrs</td>
<td>Inspection Fee:</td>
<td>$0.00</td>
</tr>
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</table>

### Site Contact

<table>
<thead>
<tr>
<th>5</th>
<th>Recommendations Explained To:</th>
<th>NAME</th>
<th>Position:</th>
<th>MAINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Company:</td>
<td>PERALTA COMMUNITY COLLEGE</td>
<td>Attn:</td>
<td>MIKE</td>
</tr>
<tr>
<td>7</td>
<td>Address:</td>
<td>333 E 8TH ST</td>
<td>Suite:</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>City:</td>
<td>OAKLAND</td>
<td>State:</td>
<td>CA</td>
</tr>
<tr>
<td>9</td>
<td>Phone:</td>
<td>N/A</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Elevator Company:</td>
<td>N/A</td>
<td>Company ID:</td>
<td></td>
</tr>
</tbody>
</table>

### EV Data

| 11 | Elevator Model: | SAME | Controller Model: | MONTGOMERY |
| 12 | Governor Model: | SAME | Safety Model: | SAME |
| 13 | Access Keys: | EX514 | Rupture Valve: | N/A |
|    | Speed: | 350 | Capacity: | 2500 |
|    | No. of landings: | 10 |

### Escalator Data

| 14 | Escalator Model: | N/A | Controller Model: | N/A |
| 15 | Right: | N/A | Left: | N/A |
| 16 | Vertical: | N/A | Missing Step: | N/A |

### Comments / Notes

**YELLOW TAGGED- NON PAYMENT**

Show Cause

Tag Order

Validation

Revision 3/30/12
## Elevator Unit Field Report

**State of California DIR/DOSH**

<table>
<thead>
<tr>
<th></th>
<th>Date of Inspection: 10/31/2023</th>
<th>Inspectors ID: TF427</th>
<th>Location Address: 900 FALLON ST</th>
<th>City: OAKLAND</th>
<th>Zip: 94607</th>
<th>Building Name: LANEY COLLEGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Agency: Private</td>
<td>County</td>
<td>City</td>
<td>State</td>
<td>Office-ID: 04</td>
<td>Elevator Number: 050152</td>
</tr>
<tr>
<td>3</td>
<td>Elevator Service Co.: KONE</td>
<td>Company ID: 316</td>
<td>Survey Type: Permit 07</td>
<td>Temp. Construction</td>
<td>No Permit Until Reinspect:</td>
<td>Release Permit:</td>
</tr>
<tr>
<td>4</td>
<td>Safety Requirements: Yes</td>
<td>Number of Req's:</td>
<td>Alternate Procedure:</td>
<td>Req's:</td>
<td>Inspection Time: 2.0 Hrs</td>
<td>Inspection Fee: $450.00</td>
</tr>
</tbody>
</table>

### Site Contact

<table>
<thead>
<tr>
<th>Recommendations Explained To:</th>
<th>(Name)</th>
<th>Position:</th>
</tr>
</thead>
</table>

### Responsible Party Information

<table>
<thead>
<tr>
<th>Company: PERALTA COMMUNITY COLLEGE</th>
<th>Attn:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: 333 E 8TH ST</td>
<td>Suite:</td>
</tr>
<tr>
<td>City: OAKLAND</td>
<td>State: CA</td>
</tr>
<tr>
<td>Zip: 94606</td>
<td></td>
</tr>
</tbody>
</table>

### EV Data

<table>
<thead>
<tr>
<th>Elevator Model: SAME</th>
<th>Controller Model: SAME</th>
<th>Install Group: II</th>
<th>Alteration Group: IV</th>
<th>Alteration Date: 5 Year Check:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governor Model: SAME</td>
<td>Safety Model: SAME</td>
<td>Battery Rescue: yes, no</td>
<td>Cab Flooring:</td>
<td>Cab Walls:</td>
</tr>
<tr>
<td>Access Keys:</td>
<td>Rupture Valve: Speed: 350</td>
<td>Capacity: 2500</td>
<td>No. of landings: 10</td>
<td>Class: 00</td>
</tr>
</tbody>
</table>

### Escalator Data

<table>
<thead>
<tr>
<th>Escalator Model:</th>
<th>Controller Model:</th>
<th>Install Group:</th>
<th>Alteration Group:</th>
<th>Alteration Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Impact: Right:</td>
<td>Center:</td>
<td>Left:</td>
<td>Vertical:</td>
<td>Missing Step:</td>
</tr>
<tr>
<td>Lower Impact: Right:</td>
<td>Center:</td>
<td>Left:</td>
<td>Vertical:</td>
<td>Missing Step:</td>
</tr>
</tbody>
</table>

### Comments / Notes

- NEW DOOR OPERATOR
- Red Tagged for New Compliance
- Outstanding Invoice: #1350
- Yellow Tagged

- Show Cause
- Tag Order: 2012342
- Validation
# Elevator Unit Data Report – Cable
## State of California DIR/DOSH

### 1. Location: 900 FALLOON ST  
   City: OAKLAND  
   Zip: 94607  
   Nearest Intersection: 7TH ST

### 2. Details:
- **Units:** 14  
- **Owner's T.D.:** #2  
- **New/Revised:** New  
- **Install/Alt./# of Passengers:** 10/31/2023 / 01/01/1963 / 01 / 2500 / 16  
- **Date Inspected:** 10/31/2023  
- **Inspected By:** TF427  
- **Capacity:** 2500  
- **# of Passengers:** 16

### 3. Specifications:
- **Class:** Pass  
- **Code:** Armour  
- **Make/Manufacturer:** Armour  
- **Code:**  
- **Installation Date:** 01/01/1963  
- **Machine Room Location:**  
- **Key Location:**  
- **Access:**  
- **Clearance:**  
- **Ropes No. Size Material Date Install R/S**
- **Hoisting Governor  
- **Drum CWT.**
- **Car CWT**

### 4. Hoistway Entrance:
- **Door/Gate Type:** Side Opening Two Speed  
- **Code:** 05  
- **Force:** #  
- **Nudging:** R  
- **4in Zone:** Yes  
- **4in Zone:** No  
- **Min. Closing:** R  
- **Contact:** F: OK  
- **Ropings:**

### 5. Doors & Gates:
- **Width:** F 42  
- **Height:** F  
- **Force:** F 15  
- **Closing Time:** F 3.9  
- **Nudging:** R  
- **Decorative Covering:** No  
- **Safety Retainers:**

### 6. Car:
- **Width:**  
- **Depth:**  
- **Emergency Exit:**
- **CWT Weight:**  
- **Car Weight:**  
- **Cab Flooring/Code:**  
- **Cab Walls/Code:**  
- **Cab Ceiling/Code:**  
- **Crosshead:**  
- **CWT.OH:**  
- **Nearest Strike:**  
- **Pit Depth:**  
- **Bottom Runby:**  
- **CWT. Runby:**  
- **Walk In Pit:** Yes  
- **Walk In Pit:** No

### 7. Clearances:
- **Mach Room:**  
- **Hall:**  
- **Car:**  
- **Pit:**  
- **Sheave Space:**  
- **Car Top:**  
- **Emerg. Light:**  
- **Emerg. Light Manufacturer:**

### 8. Lighting:
- **Disconnect:** V  
- **Voltage:** V  
- **Controller:**  
- **Drive Motor:**  
- **MG Motor:**  
- **Ground:**  
- **Photo Eye:**  
- **Reopen Device:**  
- **Car top Op.:** Yes  
- **Non-Inter:**

### 9. Electrical:
- **Stop Switches:** Car  
- **Safety Switches:**  
- **Safety:** Comp  
- **Tape:** Buffers  
- **Slack Rope:** Normal  
- **Final:** Top  
- **Emerg.:** Top  
- **Level Zone:**

### 10. Elevator Model:
- **Controller Model:** SAME  
- **Software Version:** SAME  
- **Electrical Code:** SAME  
- **Battery Rescue:**

### 11. Summary:
- **Elevator Number:** 050152
<table>
<thead>
<tr>
<th>Machine Room</th>
<th>Machine Room Cont.</th>
<th>Pit Cont.</th>
<th>Car Interior</th>
<th>Fire Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>OK / N/a</td>
<td>OK / N/a</td>
<td>OK / N/a</td>
<td>OK / N/a</td>
<td>OK / N/a</td>
</tr>
<tr>
<td>/ / Machine Room Key</td>
<td>/ / Ascending Car – Rope Gripper/E-Brake</td>
<td>/ / Counterweight Guard</td>
<td>/ / Glass (Yes/No)</td>
<td>/ / Fire Hat to Blink on M.R. or Hoistway Smoke</td>
</tr>
<tr>
<td>/ / Ventilation</td>
<td>/ / Unintended Car Movement</td>
<td>/ / Cwt Guard Opening</td>
<td>/ / ANSI Z97.1 Label (All Glass)</td>
<td>/ / Phase II Fire Panel Top</td>
</tr>
<tr>
<td>/ / Car Light Switch</td>
<td>/ / Bypass Switch Warning Sign</td>
<td>/ / Cwt. Runby Data Plate</td>
<td>/ / Capacity Plate</td>
<td>/ / Max 6Ft From Cab Floor</td>
</tr>
<tr>
<td>(Dedicated &amp; Numbered)</td>
<td>/ / Access Limit Switch Top &amp; Bottom</td>
<td>/ / Safety Plank Data Plate</td>
<td>/ / Emergency ID # (2 or More)</td>
<td>/ / 3&quot; Identification Number at Designated Level</td>
</tr>
<tr>
<td>/ / Fire Recall Log</td>
<td>/ / Vent (As Per Building Code)</td>
<td>/ / Test date and Test Tag</td>
<td>/ / Keyed Stop Switch</td>
<td>(2 or More Cars)</td>
</tr>
<tr>
<td>/ / Code Data Tag</td>
<td>/ / Heat Detector Or Flow Switch</td>
<td>/ / Illuminated Alarm Button</td>
<td>/ / Seismic Fish Plates</td>
<td></td>
</tr>
<tr>
<td>/ / No Stop Switch Key</td>
<td>/ / Access Door &amp; Screen</td>
<td>/ / E.Q. Displayed in Car</td>
<td>/ / Governor Rope Data Tag</td>
<td></td>
</tr>
<tr>
<td>/ / Smoke Detector</td>
<td>/ / Car Top Refuge</td>
<td>/ / Pit</td>
<td>/ / Floor Drain</td>
<td></td>
</tr>
<tr>
<td>/ / Shunt Trip</td>
<td>/ / I.D. Number on X-Head (2 Or More Units)</td>
<td>/ / Sump Pump Outside Pit</td>
<td>/ / G.F.C.I. Outlet</td>
<td></td>
</tr>
<tr>
<td>/ / Sprinkler Guard</td>
<td>/ / High Temp. Wire (Door Locks)</td>
<td>/ / NEMA 4 Fittings</td>
<td>/ / Refuge Space (&lt;24&quot; Red/White Stripping)</td>
<td></td>
</tr>
<tr>
<td>/ / G.F.C.I Outlet</td>
<td>/ / &gt;100Ft Hoistway Bell Req.</td>
<td>/ / G.F.C.I. Outlet</td>
<td>/ / Additional Stop Sw. (Pit&gt;67&quot; Depth)</td>
<td></td>
</tr>
<tr>
<td>/ / Disconnect Warning</td>
<td>/ / Hoistway Recesses Covered</td>
<td>/ / E.Q. Reset Button Marked</td>
<td>/ / T.C. &amp; Comp Chain Snag Guards</td>
<td></td>
</tr>
<tr>
<td>(2 or More Units)</td>
<td>/ / Beam Projections Beveled</td>
<td>/ / Drive Sheave Dia. Marked</td>
<td>/ / Gov. Sheave Rope Retainer</td>
<td></td>
</tr>
<tr>
<td>/ / Disconnect &amp; Equip #</td>
<td>/ / Seismic Fish Plates</td>
<td>/ / Drive Sheave &amp; Rope Guards</td>
<td>/ / Gov. Sheave Rope Retainer</td>
<td></td>
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<tr>
<td>/ / Drive Sheave Dia. Marked</td>
<td>/ / Governor Rope Data Tag</td>
<td>/ / Nip Points Guarded</td>
<td>/ / Gov. Adjustments Sealed</td>
<td></td>
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<tr>
<td>/ / Drive Sheave &amp; Rope Guards</td>
<td>/ / Floor Letter &amp; Calc. (No Machine Beams)</td>
<td>/ / Drive Sheave Rope Retainers</td>
<td>/ / All Equip. Secured for E.Q.</td>
<td></td>
</tr>
<tr>
<td>/ / Nip Points Guarded</td>
<td>/ / M. R. Seismic Detector</td>
<td>/ / Floor Letter &amp; Calc.</td>
<td>/ / M. R. Seismic Detector</td>
<td></td>
</tr>
<tr>
<td>/ / Drive Sheave Rope Retainers</td>
<td>/ / E.Q. Reset Button Marked</td>
<td>/ / M. R. Inspection SW. (Yes/No)</td>
<td>/ / E.Q. Reset Button Marked</td>
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<tr>
<td>/ / Floor Letter &amp; Calc.</td>
<td>/ / All Seismic Devices Fail Safe</td>
<td>/ / Door Lock Management</td>
<td>/ / All Seismic Devices Fail Safe</td>
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</tr>
<tr>
<td>(No Machine Beams)</td>
<td>/ / Door Lock Management</td>
<td>/ / All Door Bypass Operation</td>
<td>/ / Door Lock Management</td>
<td></td>
</tr>
<tr>
<td>/ / Gov. Sheave Rope Retainer</td>
<td>/ / M. R. Inspection SW. (Yes/No)</td>
<td>/ / M. R. Inspection SW. (Yes/No)</td>
<td>/ / M. R. Inspection SW. (Yes/No)</td>
<td></td>
</tr>
<tr>
<td>Notes: GAL MOVFR - DOOR OPERATOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 [x] DUPLEX
Type of Equipment: Kone
Variance #: (If applicable): 
Installation Group Number: 2
State Number (If Issued): 050152

TYPE OF INSPECTION REQUESTED
[ ] NEW  [ ] MODERNIZATION  [x] Re-INSPECT

IS THE GENERAL CONTRACTOR 100% READY FOR INSPECTION?  [x] YES  [ ] NO
IS THE ELEVATOR COMPANY 100% READY FOR INSPECTION?  [x] YES  [ ] NO
HAS ALL FLS TESTING BEEN PERFORMED BY CQCC & FIRE ALARM COMPANY?  [x] YES  [ ] NO

This section is for DIR use:

ASSIGNED TO: Tony Fernandez
DATE OF INSPECTION: 10/31/23  TIME: 7am
[ ] MON  [x] TUE  [ ] WED  [ ] THU  [x] FRI

Rev. 2-28-2018
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

Req #8. 7.2.13 Description Door Operator Replacement
 Req #8. 
 Req #8. 
 Req #8. 
 Req #8. 
 Req #8. 

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

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

Rev. 03/7/2018
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

Req # 8. 7.2.13 Description Door Operator Replacement
Req # 8. Description
Req # 8. Description
Req # 8. Description
Req # 8. Description
Req # 8. Description

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

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

Doc# EU-237

Rev. 03/7/2018
### Elevator Unit Field Report

**State of California DIR/DOSH**

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Inspectors ID</th>
<th>Agency</th>
<th>City</th>
<th>Zip</th>
<th>Building Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/31/23</td>
<td>TF427</td>
<td>Private</td>
<td>OAKLAND</td>
<td>94607</td>
<td>LANEY COLLEGE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location address</th>
<th>Company ID</th>
<th>Survey Type</th>
<th>Permit</th>
<th>No Permit Until Reinspect</th>
<th>Release Permit</th>
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<tr>
<td>900 FALLON ST</td>
<td>316</td>
<td>05</td>
<td>1 year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Safety Requirements

<table>
<thead>
<tr>
<th>Req.'s</th>
<th>Alternate Procedure</th>
<th>Inspection Time</th>
<th>Inspection Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>.50 Hrs</td>
<td>$300.00</td>
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</tbody>
</table>

### Site Contact

- **Recommendations Explained To:** MIKE
- **Position:** MAINT

### Responsible Party Information

- **Company:** PERALTA COMMUNITY COLLEGE
- **Attn:** MIKE
- **Address:** 333 E 8TH ST
- **City:** OAKLAND
- **State:** CA
- **Zip:** 94606

### EV Data

- **Elevator Model:** SAME
- **Controller Model:** HMC 1000 PHC
- **Install Group:** II
- **Alteration Group:**
- **Alteration date:** 1/2020

<table>
<thead>
<tr>
<th>Governor Model</th>
<th>Safety Model</th>
<th>Battery Rescue</th>
<th>Cab Flooring</th>
<th>Cab Walls</th>
<th>Cab Ceiling</th>
<th>5 Year Check</th>
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<tbody>
<tr>
<td>XXXXX</td>
<td>XXXXX</td>
<td>YES</td>
<td>VCT 05</td>
<td>Other 08</td>
<td>Other 06</td>
<td>1/2020</td>
</tr>
</tbody>
</table>

- **Access Keys:** EX514
- **Rupture Valve:** OK
- **Speed:** 125
- **Capacity:** 3000
- **No. of landings:** 5

### Escalator Data

<table>
<thead>
<tr>
<th>Escalator Model</th>
<th>Controller Model</th>
<th>Install Group</th>
<th>Alteration Group</th>
<th>Alteration date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

### Upper Impact

<table>
<thead>
<tr>
<th>Right</th>
<th>Center</th>
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<tr>
<td></td>
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</tbody>
</table>

### Lower Impact

<table>
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</table>

### Comments / Notes

**YELLOW TAGGED- NON PAYMENT**

Revision 3/30/12
## Elevator Unit Field Report

**State of California DIR/DOSH**

<table>
<thead>
<tr>
<th>1</th>
<th>Date of Inspection:</th>
<th>Inspectors ID:</th>
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<tbody>
<tr>
<td></td>
<td>10/31/23</td>
<td>TF427</td>
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</table>

**Agency:** Private

<table>
<thead>
<tr>
<th>2</th>
<th>Location address:</th>
<th>City:</th>
<th>Zip:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>900 FALLON ST</td>
<td>OAKLAND</td>
<td>94607</td>
</tr>
</tbody>
</table>

**Building Name:** LANEY COLLEGE

<table>
<thead>
<tr>
<th>3</th>
<th>Elevator Service Co.:</th>
<th>Company ID</th>
<th>Survey Type:</th>
<th>Permit:</th>
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<tbody>
<tr>
<td></td>
<td>KONE</td>
<td>316</td>
<td>05</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**Survey Type:** 05

<table>
<thead>
<tr>
<th>4</th>
<th>Safety Requirements:</th>
<th>Number of Req's</th>
<th>Alternate Procedure</th>
<th>Req's</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Inspection Time:** 0.50 Hrs

**Inspection Fee:** $0.00

### Site Contact

**Recommendations Explained To:** (Name)

**Position:** MAINT

**Company:** PERALTA COMMUNITY COLLEGE

**Attn:** MIKE

**Address:** 333 E 8TH ST

**City:** OAKLAND

**State:** CA

**Zip:** 94606

**Prime Phone:**

**Alt. Phone:**

**Email:**

**Company ID:**

**Elevator Company Office Location (City):**

### EV Data

**Elevator Model:** SAME

**Controller Model:** HMC 1000 PHC

**Install Group:** II

**Alteration Group:**

**Alteration Date:** 1/2020

**Governor Model:** XXXXXX

**Safety Model:** XXXXXX

**Battery Rescue:** YES

**Cab Flooring:** VCT 05

**Cab Walls:** Other 06

**Cab Ceilings:** Other 06

**5 Year Check:**

**Access Keys:** EX514

**Rupture Valve:** OK

**Speed:** 125

**Capacity:** 3000

**No. of Landings:** 5

**Class:** 00

### Escalator Data

**Escalator Model:**

**Controller Model:**

**Install Group:**

**Alteration Group:**

**Alteration Date:**

**Upper Impact**

**Right:**

**Center:**

**Left:**

**Vertical:**

**Missing Step:**

**Lvl Step:**

**Seismic Location:**

**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**

**Revision 3/30/12**
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 039308, 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: JF427
Date: 10/31/23

AUTHORIZATION
CHIEF OF THE DIVISION
OCCUPATIONAL SAFETY & HEALTH

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, THR'ER, 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

[Signature]

Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/te
**State of California**
Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR, RIDE, AND TRAMWAY UNIT

**CONVEYANCE LOCATION**
Address: 900 Fallon Street
City: Oakland
State No: 051537

**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:

<table>
<thead>
<tr>
<th>Req. #</th>
<th>Solution</th>
<th>CCCM#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Req. 1</td>
<td>The emergency battery lowering device has been tested and works properly as required.</td>
<td>CCCM#: MG8479</td>
</tr>
<tr>
<td>Req. 2</td>
<td></td>
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</tr>
<tr>
<td>Req. 3</td>
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<tr>
<td>Req. 4</td>
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<tr>
<td>Req. 5</td>
<td></td>
<td></td>
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<tr>
<td>Req. 6</td>
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<td>Req. 7</td>
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<td>Req. 8</td>
<td></td>
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</tr>
<tr>
<td>Req. 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Req. 10</td>
<td></td>
<td></td>
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</table>

**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.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Signature:</th>
<th>License Expire Date:</th>
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</thead>
<tbody>
<tr>
<td>CCCM</td>
<td>2nd CCCM</td>
<td>01/18/2024</td>
</tr>
</tbody>
</table>

(Printed Name) John D McFarlin

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynne Garcia /service coordinator</td>
<td></td>
<td>11/16/2023</td>
</tr>
</tbody>
</table>

(Printed Name & Title) Lynne Garcia /service coordinator

Company (if applicable) KONE Inc

Phone Number: (510) 351-5141

Office Location: San Leandro

Doc #: EU-532
PERALTA COMMUNITY COLLEGE DISTRICT
DIR OF FAC 
333 E 8TH ST
OAKLAND, CA 94606-2644

NOTE: Pay invoice 665415OA within 60 days from its issuance to avoid a 100% penalty assessment. All fees are paid immediately upon receipt of the invoice.

A survey of your Passenger, Hydroelectric, EV 5, State Number 651357 located at 900 Fallon St, Oakland was made on May 18, 2023 by EU Engineer, T. Fernandez. Person Contacted: FERANDO Compliance Case
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 7316; [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 3018(f), 3075 (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/dsh/ElevatorHub 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

Jun 07 2023

It's working its coming through the wall from a bathroom on floor 1 above the machine room.
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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