



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: 133538

Permit Expires: 05/16/2024

Inspection Date: 05/16/2023

Location: 900 FALLON ST  
 OAKLAND, CA 94607

Issue Date: 11/17/2023

Owner ID: WCL

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:** 133538  
 Conveyance Number

05/16/2023  
 Date of Inspection  
 05/16/2024  
 Date Permit Expires

**LOCATION:** 900 FALLON ST  
 Street Address

OAKLAND, CA 94607  
 City or Town

**LOAD PERMISSIBLE:** 1400  
 Pounds

009  
 Persons  
 TF427  
 Inspector

**DESCRIPTION:** Art. 15  
 Type of Conveyance

WCL  
 Owner's ID

Hydroelectric  
 Power

Roped Hydro  
 Type of Machine



**THIS PERMIT SHALL BE POSTED ON THE CONVEYANCE**

RECEIVED  
 NOV 16 2023



Page \_\_\_\_ Of \_\_\_\_

DOSH / EV UNIT, OAKLAND OFFICE

CONVEYANCE LOCATION

Address: 900 Fallon Street  
 City: Oakland  
 State No: 133538  
 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 hoistway doors at the bottom floors have been adjusted and working 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#:
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 <i>[Signature]</i>	Signature: 2nd CCCM <i>[Signature]</i>	License Expire Date: 01/18/2024
(Printed Name) John D McFarlin	(Printed Name)	Date:
Signature: <i>[Signature]</i>		Date: 11/16/2023
(Printed Name & Title) Lynne Garcia /service coordinator		Phone Number: (510) 351-5141
Company (if applicable) KONE inc		Office Location: San Leandro



Oakland District Office  
 1515 Clay Street, Suite 1301  
 Oakland, CA 94612  
 Phone: 510.621.3016  
 Fax: 510.621.3043  
 May 26, 2023

*Press Bot*

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 EI9684560A 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 Private Residence, Roped Hydro, WCL, State Number 133538 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 hoistway door(s) at the bottom floor(s) shall be arranged to close and lock automatically if the car, for any reason leaves the landing zone. subsection 3136, 3093.4(a), 3020(b)(13)

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](http://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.**

*[Signature]*

Dave Henderson, Senior Safety Engineer

nt

Department of Industrial Relations  
 Peralta Community College District

JAN 07 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 type="checkbox"/> State	Office-ID: 04	Elevator Number: 133538
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"/> Temp. Construction <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	Sube:
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: wheel o vator	Controller Model: WHEEL O VATOR	Install Group: III	Alteration Group:	Alteration date:		
12	Governor Model: XXXXX	Safety Model: XXXXXX	Battery Rescue: N	Cab Flooring: VCT 05	Cab Walls: Raised P-lam 02	Cab Ceiling: Other 06	5 Year Check:
13	Access Keys:	Rupture Valve: OK	Speed: 30	Capacity: 1400	No. of landings: 3	Class: 16	

### 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	Inspector's 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: 133538
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) 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: wheel o vator	Controller Model: WHEEL O VATOR	Install Group: III	Alteration Group:	Alteration date:		
12	Governor Model: XXXXX	Safety Model: XXXXXX	Battery Rescue: N	Cab Flooring: VCT 05	Cab Walls: Raised P-lam 02	Cab Ceiling: Other 06	5 Year Check:
13	Access Keys:	Rupture Valve: OK	Speed: 30	Capacity: 1400	No. of landings: 3	Class: 16	

### 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 ( )

( ) Served on \_\_\_\_\_

( ) Served by Certified Mail on \_\_\_\_\_

(~~X~~) Served & Equip. Sealed On 10/31/23

Or

**SHOW CAUSE TAG ORDER NOT SERVED**

Check ( )

( ) Engineer 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 16, 2023, the Division has determined that Private Residence, Roped Hydro, WCL, State Number 133538, 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 # 133538

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Private Residence, Roped Hydro, WCL, NO. 133538 - CONTINUED

1. The hoistway door(s) at the bottom floor(s) shall be arranged to close and lock automatically if the car, for any reason leaves the landing zone. subsection 3136, 3093.4(a), 3020(b)(13)

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



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Dan Barker  
Lead Senior Safety Engineer  
Elevator Unit

/tff



RECEIVED  
 NOV 16 2023  
 DOSH / EV UNIT, OAKLAND OFFICE

Page \_\_\_\_ Of \_\_\_\_

**CONVEYANCE LOCATION**

Address: 900 Fallon Street  
 City: Oakland  
 State No: 050151

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 code data plate has been attached as required.	CCCM#: M68479
Req. # 2	Solution: The emergency battery lowering device has been tested and works properly.	CCCM#: M68479
Req. # 3	Solution: The missing electrical box cover has been replaced.	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#:
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:		Date: 11/16/2023
(Printed Name & Title) Lynne Garcia /service coordinator		Phone Number: (510) 351-5141
Company (if applicable) KONE Inc		Office Location: San Leandro

*[Handwritten signature]*







RECEIVED  
 NOV 16 2023

Page 1 Of 1

DOSH / EV UNIT, OAKLAND OFFICE  
 CONVEYANCE LOCATION

Address: 900 Fallon Street	Inspection Date:
City: Oakland	Zip:
State No: 154829	<b>ONLY ONE CONVEYANCE PER FORM</b>

**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 normal and final terminal stopping devices has been tested and passed.	CCCM#: M68479
Req. # 2	Solution:	CCCM#:
Req. # 3	Solution: The closing forces of the power operated hoistway doors have been tested and passed	CCCM#: M68479
Req. # 4	Solution: The relief valve has been tested and passed.	CCCM#: M68479
Req. # 5	Solution: The terminal speed reducing device(s) have been tested and passed n	CCCM#: M68479
Req. # 6	Solution: The cylinder has been tested and passed.	CCCM#: M68479
Req. # 7	Solution: The low oil protection operation has been tested and passed.	CCCM#: M68479
Req. # 8	Solution: The tag has been attached as required.	CCCM#: M68479
Req. # 9	Solution: The emergency battery lowering device has been tested and working properly	CCCM#: M68479
Req. # 10	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 <i>John D McFarlin</i>	Signature: 2 <sup>nd</sup> CCCM <i>Lynne Garcia</i>	License Expire Date: 01/18/2024
(Printed Name) John D McFarlin	(Printed Name)	Date:
Signature: <i>Lynne Garcia</i>		Date: 11-16-2023
(Printed Name & Title) Lynne Garcia/service coordinator	Phone Number: (510) 351-5141	
Company (if applicable) KONE Inc	Office Location: San Leandro	

*[Handwritten signature]*

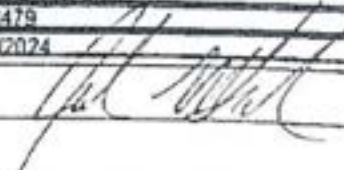
**State of California  
Department of Industrial Relations  
Periodic Elevator Test Form**

Periodic testing is to assure compliance with the applicable provisions on A17.1 and the Elevator Safety Orders.  
A17.2 is to be used as a guide.

Building Address <i>500 Fallon St Oakland, CA</i>		Type of Driving Machine (circle one)		
State ID # <i>154829</i>	Date of Testing <i>11-15-2023</i>	<input checked="" type="checkbox"/> Traction <input checked="" type="checkbox"/> Direct Hydro <input type="checkbox"/> Chain & Sprocket <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Drum <input type="checkbox"/> Roped Hydro <input type="checkbox"/> Belt	<input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Screw

P = Passed and Test Tag Attached F = Failed (explain below) R = Removed from Service (explain below)

Tests	1 Year or Category 1	3 Year or Category 3	5 Year or Category 5
Electric			
Oil Buffers			
Safeties		N/A	
Governors		N/A	
Stack Rope Device on Winding Drum Machine		N/A	
Normal Terminal Stopping Device		N/A	
Final Terminal Stopping Device		N/A	
Firefighters, Emergency Operation		N/A	
Standby and Emergency Power Operation		N/A	
Power Operation of Door System		N/A	
Broken Rope, Tape or Chain Switch		N/A	
Earthquake Protective Devices		N/A	
Emergency Terminal Stopping Device	N/A	N/A	
Emergency Terminal Speed-Limiting Device	N/A	N/A	
Leveling Zone and Leveling Speed	N/A	N/A	
Inner Landing Zone	N/A	N/A	
Braking System	N/A	N/A	
Emergency Stopping Distance (Group IV Only)	N/A	N/A	
Hydraulic			
Relief Valve	P		
Overspeed Valve	-		
Cylinder	P		
Normal Terminal Stopping Device	P		
Terminal Speed Reducing Device	P		
Governors	-		
Safeties	-		
Oil Buffers	-		
Firefighters, Emergency Operation	-		
Standby and Emergency Power Operation	-		
Power Operation of Door System	-		
Low Oil Protection Operation (Group IV Only)	P		
Flexible Hose and Fitting Assemblies	-		
Pressure Switch	-		
Stack Rope Device (Group III Only)	-		
Plunger Engaging Safety Device	-		
Unexposed Portions of Pistons	N/A		
Coated Ropes	N/A	N/A	
Wire Rope Fastenings	N/A	N/A	

COCC	KONE INC. CC-03-01271 B/25/2025
CCCM Performing Test	John D. McFarlin
CCCM Certificate #	M68479
Cert Expiration Date	1/18/2024
CCCM Signature	



Oakland District Office  
 1315 Clay Street, Suite 1300  
 Oakland, CA 94612  
 Phone: 510.422.3000  
 Fax: 510.422.3011  
 May 26, 2023

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 94606-2644**

NOTE: Pay invoice F19684550A 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, CAR 1, State Number 154829 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 normal terminal stopping devices shall be tested to determine conformance with the applicable requirements

The Division shall be notified in writing as to the date and time the test will be conducted

NOTE: A17.2 gives a guide for performing this test to ensure code compliance subsection 3141.6 [REF. ASME 17.1 Req. 8.11.2.2.5, Req. 8.11.3.2.3(a) (2004)]

2. The operation of the elevator under fire and other emergency conditions shall be tested to determine conformance with the applicable requirements

The Division shall be notified in writing as to the date and time the test will be conducted

NOTE: A17.2 gives a guide for performing this test to ensure code compliance subsection 3141.6 [REF. ASME 17.1 Req. 8.11.2.2.6, Req. 8.11.3.2.3(e) (2004)]

3. The closing forces of the power operated hoistway doors shall be tested to determine conformance with the applicable requirements

The Division shall be notified in writing as to the date and time the test will be conducted

NOTE: A17.2 gives a guide for performing this test to ensure code compliance subsection 3141.6 [REF. ASME 17.1 Req. 8.11.2.2.8, Req. 8.11.3.2.3(g) (2004)]

The relief valve setting shall be tested to determine conformance with the applicable requirements. It shall be secured if the relief valve setting is altered or if the seal is broken

The Division shall be notified in writing as to the date and time the test will be conducted

NOTE: A17.2 gives a guide for performing this test to ensure code compliance subsection 3141.6 [REF. ASME 17.1 Req. 8.11.3.2.1 (2004)]

Department of Industrial Relations  
 Peralta Community College District

J.R. 07/2023

Preliminary Notice

Elevator # 154829

5 The terminal speed reducing device(s) shall be tested to determine conformance with the applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.3(h) (2004)]

The cylinder shall be tested to determine conformance with the applicable requirements. This test shall be performed after the relief valve setting and system pressure test is successfully completed.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.2 (2004)]

7 The low oil protection operation shall be tested to determine conformance with the applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.3(i) (2004)]

8 A metal test tag shall be installed in the machine room with the test date, the requirement number(s) requiring the test and the name of the person or firm performing the test for all 1, 3 and 5 year testing requirements.


The Division shall be notified in writing as to the date and time the test will be conducted  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.1.6 (2004)]

9 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]

10 The access key(s) for the elevator machine room and/or machinery space(s) shall be kept in the elevator pit. The key(s) shall be properly identified, located near the pit stop switch and shall be accessible from the pit access door. In buildings with banks of multiple elevators, the key(s) shall be kept in the pit of the elevator with the lowest state identification number. subsection 3141 : [REF. ASME 17.1 Req. 8.1.1.1(c) (2004)]

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](http://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

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: 154829
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 Rec'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
---	--	--------------------

## 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: 211	Install Group: IV	Alteration Group:	Alteration date:		
12	Governor Model: XXXXX	Safety Model: XXXXX	Battery Rescue: YES	Cab Flooring: Carpet 01	Cab Walls: Stainless steel 03	Cab Ceiling: Drop Ceil 02	5 Year Check:
13	Access Keys: UTH	Rupture Valve: OK	Speed: 125	Capacity: 2500	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

**SHOW CAUSE TAG ORDER NOT SERVED**  
 Check One  
 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 16, 2023, the Division has determined that Passenger, Hydroelectric, CAR 1, State Number 154829, 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

Elevator # 154829

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Passenger, Hydroelectric, CAR 1, NO. 154829 - CONTINUED

1. The normal terminal stopping devices shall be tested to determine conformance with the applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance. subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.2.2.5 ; Req. 8.11.3.2.3(a) (2004)]

2. The operation of the elevator under fire and other emergency conditions shall be tested to determine conformance with the applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance. subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.2.2.6 ; Req. 8.11.3.2.3(e) (2004)]

3. The closing forces of the power operated hoistway doors shall be tested to determine conformance with the applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance. subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.2.2.8 ; Req. 8.11.3.2.3(g) (2004)]

4. The relief valve setting shall be tested to determine conformance with the applicable requirements. It shall be sealed if the relief valve setting is altered or if the seal is broken.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance. subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.1 (2004)]

5. The terminal speed reducing device(s) shall be tested to determine conformance with the applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance. subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.3(h) (2004)]

6. The cylinder shall be tested to determine conformance with the applicable requirements. This test shall be performed after the relief valve setting and system pressure test is successfully completed.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance. subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.2 (2004)]

7. The low oil protection operation shall be tested to determine conformance with the applicable requirements.



ORDER PROHIBITING USE  
October 9, 2023

Elevator # 154829

Address: 900 Fallon St, Oakland

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance. subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.3(i) (2004)]

8. A metal test tag shall be installed in the machine room with the test date, the requirement number(s) requiring the test and the name of the person or firm performing the test for all 1, 3 and 5 year testing requirements. The Division shall be notified in writing as to the date and time the test will be conducted. subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.1.6 (2004)]
9. 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]
10. The access key(s) for the elevator machine room and/or machinery space(s) shall be kept in the elevator pit. The key(s) shall be properly identified, located near the pit stop switch and shall be accessible from the pit access door. In buildings with banks of multiple elevators, the key(s) shall be kept in the pit of the elevator with the lowest state identification number. subsection 3141 : [REF. ASME 17.1 Req. 8.1.1.1(c) (2004)]

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



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Dan Barker  
Lead Senior Safety Engineer  
Elevator Unit

/tE

## 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: 154829
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
Responsible Party Information		
6	Company: PERALTA COMMUNITY COLLEGE	Attrn: 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: 211	Install Group: IV	Alteration Group:	Alteration date:		
12	Governor Model: XXXXX	Safety Model: XXXXX	Battery Rescue: YES	Cab Flooring: Carpet 01	Cab Walls: Stainless steel 03	Cab Ceiling: Drop Cell 02	5 Year Check:
13	Access Keys: UTH	Rupture Valve: OK	Speed: 125	Capacity: 2500	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

Show Cause	Tag Order	Validation

RECEIVED  
 GAVIN NEWSOM, Governor

NOV 17 2023

DOSH / EV UNIT, OAKLAND OFFICE



Page 1 Of 2

CONVEYANCE LOCATION

Address: 900 Fallon Street  
 City: Oakland  
 State No: 162178  
 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 normal and final terminal stopping devices has been tested and passed.  
 CCCM#: M68479
- Req. # 2 Solution: [redacted]  
 CCCM#:
- Req. # 3 Solution: The closing forces of the power operated hoistway doors have been tested and passed  
 CCCM#: M68479
- Req. # 4 Solution: The relief valve has been tested and passed.  
 CCCM#: M68479
- Req. # 5 Solution. The terminal speed reducing device(s) have been tested and passed n  
 CCCM#: M68479
- Req. # 6 Solution: The cylinder has been tested and passed.  
 CCCM#: M68479
- Req. # 7 Solution: The low oil protection operation has been tested and passed.  
 CCCM#: M68479
- Req. # 8 Solution: The tag has been attached as required.  
 CCCM#: M68479
- Req. # 9 Solution: The emergency battery lowering device has been tested and working properly  
 CCCM#: M68479
- Req. # 10 Solution: [redacted]  
 CCCM#:
- Req. # 11 Solution: [redacted]  
 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 <u>[Signature]</u>	Signature: 2nd CCCM <u>[Signature]</u>	License Expire Date: 01/18/2024
(Printed Name) John D McFarlin	(Printed Name)	Date:
Signature: <u>[Signature]</u>		Date: 11-16-2023
(Printed Name & Title) Lynne Garcia/service coordinator	Phone Number: (510) 351-5141	
Company (if applicable) KONE Inc	Office Location: San Leandro	

[Handwritten Signature]

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



Page 2 Of 2

CONVEYANCE LOCATION

Address: 900 Fallon Street  
City: Oakland  
State No: 162178

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. # 12	Solution:	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#:
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 McFadin	(Printed Name)	Date:
Signature:		Date:	11/16/2023
(Printed Name & Title)	Lynne Garcia /service coordinator	Phone Number:	(510) 351-5141
Company (if applicable)	KONE Inc	Office Location:	San Leandro

**State of California  
Department of Industrial Relations  
Periodic Elevator Test Form**

Periodic testing is to assure compliance with the applicable provisions on A17.1 and the Elevator Safety Orders.  
A17.2 is to be used as a guide.

Building Address <i>700 Fallon St Oakland, CA</i>		Type of Driving Machine (circle one)		
State ID # <i>162178</i>	Date of Testing <i>11-14-2023</i>	<input type="checkbox"/> Traction <input checked="" type="checkbox"/> <u>Direct Hydro</u>	<input type="checkbox"/> Drum <input type="checkbox"/> Roped Hydro	<input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Screw
		<input type="checkbox"/> Chain & Sprocket	<input type="checkbox"/> Belt	
		<input type="checkbox"/> Other (specify)		

P = Passed and Test Tag Attached F = Failed (explain below) R = Removed from Service (explain below)

Tests	1 Year or Category 1	3 Year or Category 3	5 Year or Category 5
<b>Electric</b>			
Oil Buffers		N/A	
Safeties		N/A	
Governors		N/A	
Slack Rope Device on Winding Drum Machine		N/A	
Normal Terminal Stopping Device		N/A	
Final Terminal Stopping Device		N/A	
Firefighters, Emergency Operation		N/A	
Standby and Emergency Power Operation		N/A	
Power Operation of Door System		N/A	
Broken Rope, Tape or Chain Switch		N/A	
Earthquake Protective Devices		N/A	
Emergency Terminal Stopping Device	N/A	N/A	
Emergency Terminal Speed-Limiting Device	N/A	N/A	
Leveling Zone and Leveling Speed	N/A	N/A	
Inner Landing Zone	N/A	N/A	
Braking System	N/A	N/A	
Emergency Stopping Distance (Group IV Only)	N/A	N/A	
<b>Hydraulic</b>			
Relief Valve	P		
Overspeed Valve	—		
Cylinder	P		
Normal Terminal Stopping Device	P		
Terminal Speed Reducing Device	P		
Governors	—		
Safeties	—		
Oil Buffers	—		
Firefighters, Emergency Operation	—		
Standby and Emergency Power Operation	—		
Power Operation of Door System	P		
Low Oil Protection Operation (Group IV Only)	P		
Flexible Hose and Fitting Assemblies	—		
Pressure Switch	—		
Slack Rope Device (Group III Only)	—		
Plunger Engaging Safety Device	—		
Unexposed Portions of Pistons	N/A		
Coated Ropes	N/A	N/A	
Wire Rope Fastenings	N/A	N/A	

CQCC	<i>KONE INC. CC-03-01271 8/25/2025</i>
CCCM Performing Test	<i>John D McFarlin</i>
CCCM Certificate #	<i>M68479</i>
Cert Expiration Date	<i>1/18/2024</i>
CCCM Signature	

**Farber, Tina@DIR**

---

**From:** Garcia Lynne <Lynne.Garcia@KONE.com>  
**Sent:** Friday, November 17, 2023 8:05 AM  
**To:** DIR BayArea Elevator  
**Subject:** RE: 900 Fallon Street 162178  
**Attachments:** 900 FALLON STREET 162178.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.

Hi Tina,

Thank you for letting me know, please see attached.

Have a good weekend!

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](mailto:Lynne.Garcia@KONE.com)  
24/7 Dispatch: (877) 276-8691 / [koneserviceus@kone.com](mailto:koneserviceus@kone.com)  
CA Contractor #179166  
[www.kone.us](http://www.kone.us)



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Please consider the environment before printing this email

---

**From:** DIR BayArea Elevator <BElevator@dir.ca.gov>  
**Sent:** Thursday, November 16, 2023 11:47 AM  
**To:** Garcia Lynne <Lynne.Garcia@KONE.com>  
**Subject:** RE: 900 Fallon Street 162178  
**Importance:** High

This message is from an external sender. Be cautious, especially with links and attachments.

Hello Lynne,

We find we are unable to clear conveyance 162178 as the periodic test form does not have a mechanic signature to acknowledge testing was done. Please submit completed form when confirmed.

Thank You,

*Tina Staricco*

Tina Staricco - Farber  
State of California / Department of Industrial Relations  
Division of Occupational Safety and Health  
Bay Area District Office – Elevator Unit  
1515 Clay Street, Suite 1301 Oakland, CA 94612  
Phone 510-622-3026 Fax 510-622-3045  
[www.dir.ca.gov](http://www.dir.ca.gov)

---

**From:** Garcia Lynne <[Lynne.Garcia@KONE.com](mailto:Lynne.Garcia@KONE.com)>  
**Sent:** Thursday, November 16, 2023 10:26 AM  
**To:** DIR BayArea Elevator <[BElevator@dir.ca.gov](mailto:BElevator@dir.ca.gov)>  
**Cc:** DRESS JIM <[Jim.Dress@kone.com](mailto:Jim.Dress@kone.com)>; Nunez Jose <[jose.nunez@kone.com](mailto:jose.nunez@kone.com)>  
**Subject:** 900 Fallon Street 154829 OPU, 162178 OPU, 162179 OPU

**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

154829 – item 2 fire and item 10 access key

162178- item 2 fire , item 10 access key, item 11 telephone, and item 12 elevator car lighting

162179- item 2 fire and item 10 access key

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](mailto:Lynne.Garcia@KONE.com)  
24/7 Dispatch: (877) 276-8691 / [koneserviceusk@kone.com](mailto:koneserviceusk@kone.com)



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Please consider the environment before printing this email





Preliminary Notice

Elevator # 102176

- 5 The terminal speed reducing device(s) shall be tested to determine conformance with the applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance subsection 3141.6 [REF. ASME 17.1 Req. 8.11.3.2.3(h) (2004)]

- 6 The cylinder shall be tested to determine conformance with the applicable requirements. This test shall be performed after the relief valve setting and system pressure test is successfully completed.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance subsection 3141.6 [REF. ASME 17.1 Req. 8.11.3.2.2 (2004)]

7. The low oil protection operation shall be tested to determine conformance with the applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance subsection 3141.6 [REF. ASME 17.1 Req. 8.11.3.2.3(i) (2004)]

- 8 A metal test tag shall be installed in the machine room with the test date, the requirement number(s) requiring the test and the name of the person or firm performing the test for all 1, 3 and 5 year testing requirements.

The Division shall be notified in writing as to the date and time the test will be conducted subsection 3141.6 [REF. ASME 17.1 Req. 8.11.1.6 (2004)]

- 9 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]

- 10 The access key(s) for the elevator machine room and/or machinery space(s) shall be kept in the elevator pit. The key(s) shall be properly identified, located near the pit stop switch and shall be accessible from the pit access door. In buildings with banks of multiple elevators, the key(s) shall be kept in the pit of the elevator with the lowest state identification number. subsection 3141 [REF. ASME 17.1 Req. 8.1.1(c) (2004)]

- 11 The telephone in the elevator shall be made to operate as intended (BREAKS UP, CANNOT UNDERSTAND) subsection 3141.7 [REF. ASME 17.1 Req. 2.27.1, Req. 3.27 (2004)]

- 12 The elevator car lighting shall be repaired, so that a minimum of two lamps or bulbs providing not less than 5 ft. of illumination at the elevator threshold with the doors closed is provided. subsection 3141.7 [REF. ASME 17.1 Req. 2.14.7, Req. 3.14 (2004)]

RECEIVED

NOV 16 2023



Page 1 of 2

DOSH/TEU UNIT, OAKLAND OFFICE  
CONVEYANCE LOCATION

Address: 900 Fallon Street

Inspection Date:

City: Oakland

Zip:

State No: 162178

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 normal and final terminal stopping devices has been tested and passed.

CCCM#: M68479

Req. # 2 Solution:

CCCM#:

Req. # 3 Solution: The closing forces of the power operated hoistway doors have been tested and passed

CCCM#: M68479

Req. # 4 Solution: The relief valve has been tested and passed.

CCCM#: M68479

Req. # 5 Solution: The terminal speed reducing device(s) have been tested and passed n

CCCM#: M68479

Req. # 6 Solution: The cylinder has been tested and passed.

CCCM#: M68479

Req. # 7 Solution: The low oil protection operation has been tested and passed.

CCCM#: M68479

Req. # 8 Solution: The tag has been attached as required.

CCCM#: M68479

Req. # 9 Solution: The emergency battery lowering device has been tested and working properly

CCCM#: M68479

Req. # 10 Solution:

CCCM#:

Req. # 11 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  
(Printed Name) John D McFarlin

Signature:  
2nd CCCM  
(Printed Name)

License Expiration Date: 01/18/2024

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



Page 2 Of 2

CONVEYANCE LOCATION

Address: 900 Fallon Street  
 City: Oakland  
 State No: 162178  
 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. # 12	Solution:	CCCM#: M68479
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
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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 Expiration Date: 01/18/2024
(Printed Name) John D McFarlin	(Printed Name)	Date:
Signature:		Date: 11/16/2023
(Printed Name & Title) Lynne Garcia /service coordinator		Phone Number: (510) 351-5141
Company (if applicable) KONE inc		Office Location: San Leandro

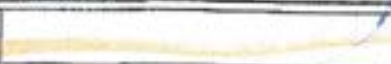
**State of California  
Department of Industrial Relations  
Periodic Elevator Test Form**

Periodic testing is to assure compliance with the applicable provisions on A17.1 and the Elevator Safety Orders.  
A17.2 is to be used as a guide.

<b>Building Address</b> 700 Fallon St Oakland, CA		<b>Type of Driving Machine (circle one)</b>		
<b>State ID #</b> 162178	<b>Date of Testing</b> 11-14-2023	<input checked="" type="checkbox"/> Traction <input checked="" type="checkbox"/> Direct Hydro <input type="checkbox"/> Chain & Sprocket <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Drum <input type="checkbox"/> Roped Hydro <input type="checkbox"/> Belt	<input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Screw

P = Passed and Test Tag Attached F = Failed (explain below) R = Removed from Service (explain below)

Tests	1 Year or Category 1	3 Year or Category 3	5 Year or Category 5
<b>Electric</b>			
Oil Buffers			
Safeties		N/A	
Governors		N/A	
Slack Rope Device on Winding Drum Machine		N/A	
Normal Terminal Stopping Device		N/A	
Final Terminal Stopping Device		N/A	
Firefighters, Emergency Operation		N/A	
Standby and Emergency Power Operation		N/A	
Power Operation of Door System		N/A	
Broken Rope, Tape or Chain Switch		N/A	
Earthquake Protective Devices		N/A	
Emergency Terminal Stopping Device	N/A	N/A	
Emergency Terminal Speed-Limiting Device	N/A	N/A	
Leveling Zone and Leveling Speed	N/A	N/A	
Inner Landing Zone	N/A	N/A	
Braking System	N/A	N/A	
Emergency Stopping Distance (Group IV Only)	N/A	N/A	
<b>Hydraulic</b>			
Relief Valve	P		
Overspeed Valve	P		
Cylinder	P		
Normal Terminal Stopping Device	P		
Terminal Speed Reducing Device	P		
Governors	P		
Safeties	P		
Oil Buffers	P		
Firefighters, Emergency Operation	P		
Standby and Emergency Power Operation	P		
Power Operation of Door System	P		
Low Oil Protection Operation (Group IV Only)	P		
Flexible Hose and Fitting Assemblies	P		
Pressure Switch	P		
Slack Rope Device (Group III Only)	P		
Plunger Engaging Safety Device	P		
Unexposed Portions of Pistons	N/A		
Coated Ropes	N/A	N/A	
Wire Rope Fastenings	N/A	N/A	

<b>QCC</b>	KONE INC. CC-03-01271 R/25/2025
<b>CCCM Performing Test</b>	John D McFarlin
<b>CCCM Certificate #</b>	M68479
<b>Cert Expiration Date</b>	1/18/2024
<b>CCCM Signature</b>	



Oakland District Office  
1511 Clay Street, Suite 1001  
Oakland, CA 94612  
Phone: 510.422.4026  
Fax: 510.422.3043  
May 26, 2023

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: Payment \$19684540A 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, State Number 162178 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 normal terminal stopping devices shall be tested to determine conformance with the applicable requirements

The Division shall be notified in writing as to the date and time the test will be conducted

NOTE: A17.2 gives a guide for performing this test to ensure code compliance  
subsection 3141.6: [REF. ASME 17.1 Req. 8.11.2.2.5; Req. 8.11.3.2.3(a) (2004)]

- 2 The operation of the elevator under fire and other emergency conditions shall be tested to determine conformance with the applicable requirements

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance  
subsection 3141.6: [REF. ASME 17.1 Req. 8.11.2.2.6; Req. 8.11.3.2.3(e) (2004)]

- 3 The closing forces of the power operated hoistway doors shall be tested to determine conformance with the applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance  
subsection 3141.6: [REF. ASME 17.1 Req. 8.11.2.2.8; Req. 8.11.3.2.3(g) (2004)]

- 4 The relief valve setting shall be tested to determine conformance with the applicable requirements. It shall be sealed if the relief valve setting is altered or if the seal is broken.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance  
subsection 3141.6: [REF. ASME 17.1 Req. 8.11.3.2.1 (2004)]

JAN 07 2023

Preliminary Notice

Elevator # 162170

5. The terminal speed reducing device(s) shall be tested to determine conformance with the applicable requirements

The Division shall be notified in writing as to the date and time the test will be conducted

NOTE: A17.2 gives a guide for performing this test to ensure code compliance subsection 3141.6. [REF. ASME 17.1 Req. 8.11.3.2.3(h) (2004)]

6. The cylinder shall be tested to determine conformance with the applicable requirements. This test shall be performed after the relief valve setting and system pressure test is successfully completed

The Division shall be notified in writing as to the date and time the test will be conducted

NOTE: A17.2 gives a guide for performing this test to ensure code compliance subsection 3141.6. [REF. ASME 17.1 Req. 8.11.3.2.2 (2004)]

7. The low oil protection operation shall be tested to determine conformance with the applicable requirements

The Division shall be notified in writing as to the date and time the test will be conducted

NOTE: A17.2 gives a guide for performing this test to ensure code compliance subsection 3141.6. [REF. ASME 17.1 Req. 8.11.3.2.3(i) (2004)]

8. A metal test tag shall be installed in the machine room with the test date, the requirement number(s) requiring the test and the name of the person or firm performing the test for all 1, 3 and 5 year testing requirements

The Division shall be notified in writing as to the date and time the test will be conducted subsection 3141.6. [REF. ASME 17.1 Req. 8.11.1.6 (2004)]

9. 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]

10. The access key(s) for the elevator machine room and/or machinery space(s) shall be kept in the elevator pit. The key(s) shall be properly identified, located near the pit stop switch and shall be accessible from the pit access door. In buildings with banks of multiple elevators, the key(s) shall be kept in the pit of the elevator with the lowest state identification number. subsection 3141. [REF. ASME 17.1 Req. 8.1.1.1(c) (2004)]

11. The telephone in the elevator shall be made to operate as intended. (BREAKS UP, CANNOT UNDERSTAND) subsection 3141.7. [REF. ASME 17.1 Req. 2.27.1, Req. 3.27 (2004)]

12. The elevator car lighting shall be repaired, so that a minimum of two lamps or bulbs providing not less than 5 ft. of illumination at the elevator threshold with the doors closed is provided. subsection 3141.7. [REF. ASME 17.1 Req. 2.14.7, Req. 3.14 (2004)]

## Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspector's 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: 162178
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"/> Temp. Construction <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
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: [REDACTED]
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID: [REDACTED]
		Elevator Company Office location (City): [REDACTED]

## EV Data

11	Elevator Model: SAME	Controller Model: EC H900	Install Group: IV	Alteration Group:	Alteration date:		
12	Governor Model: XXXXX	Safety Model: XXXXX	Battery Rescue: YES	Cab Flooring: Tile 02	Cab Walls: Raised P-lam 02	Cab Ceiling: Drop Ceil 02	5 Year Check:
13	Access Keys: GG101	Rupture Valve: OK	Speed: 125	Capacity: 2500	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:	Selismic 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**  
 Employer Compliance  
 Extension Recommended / \_\_\_\_\_ Days (See S-200)  
 Further Legal Action Indicated  
 By  
 Engineer TF427 Date 10/21/23

**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 16, 2023, the Division has determined that Passenger, Hydroelectric, EV, State Number 162178, 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**

BStth 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

Elevator # 162178

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Passenger, Hydroelectric, EV, NO. 162178 - CONTINUED

1. The normal terminal stopping devices shall be tested to determine conformance with the applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.2.2.5 ; Req. 8.11.3.2.3(a) (2004)]

2. The operation of the elevator under fire and other emergency conditions shall be tested to determine conformance with the applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.2.2.6 ; Req. 8.11.3.2.3(e) (2004)]

3. The closing forces of the power operated hoistway doors shall be tested to determine conformance with the applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.2.2.8 ; Req. 8.11.3.2.3(g) (2004)]

4. The relief valve setting shall be tested to determine conformance with the applicable requirements. It shall be sealed if the relief valve setting is altered or if the seal is broken.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.1 (2004)]

5. The terminal speed reducing device(s) shall be tested to determine conformance with the applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.3(h) (2004)]

6. The cylinder shall be tested to determine conformance with the applicable requirements. This test shall be performed after the relief valve setting and system pressure test is successfully completed.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.2 (2004)]

7. The low oil protection operation shall be tested to determine conformance with the applicable requirements.

ORDER PROHIBITING USE

October 9, 2023

Elevator # 162178

Address: 900 Fallon St, Oakland

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance. subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.3(i) (2004)]

8. A metal test tag shall be installed in the machine room with the test date, the requirement number(s) requiring the test and the name of the person or firm performing the test for all 1, 3 and 5 year testing requirements. The Division shall be notified in writing as to the date and time the test will be conducted. subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.1.6 (2004)]
9. 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]
10. The access key(s) for the elevator machine room and/or machinery space(s) shall be kept in the elevator pit. The key(s) shall be properly identified, located near the pit stop switch and shall be accessible from the pit access door. In buildings with banks of multiple elevators, the key(s) shall be kept in the pit of the elevator with the lowest state identification number. subsection 3141 : [REF. ASME 17.1 Req. 8.1.1.1(c) (2004)]
11. The telephone in the elevator shall be made to operate as intended. (BREAKS UP, CANNOT UNDERSTAND) subsection 3141.7 : [REF. ASME 17.1 Req. 2.27.1 ; Req. 3.27 (2004)]
12. 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 3141.7 : [REF. ASME 17.1 Req. 2.14.7 ; Req. 3.14 (2004)]

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

4H

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: 162178
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 Elev's	Alternate Procedure <input type="checkbox"/>	Req.'s	Inspection Time: .75 Hrs	Inspection Fee: \$ <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">00</span> .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: EC H900	Install Group: IV	Alteration Group:	Alteration date:		
12	Governor Model: XXXXX	Safety Model: XXXXX	Battery Rescue: YES	Cab Flooring: Tile 02	Cab Walls: Raised P-lam 02	Cab Ceiling: Drop Ceil 02	5 Year Check:
13	Access Keys: GG101	Rupture Valve: OK	Speed: 125	Capacity: 2500	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

Show Cause	Tag Order	Validation

RECEIVED

NOV 16 2023

DOSH / EV UNIT, OAKLAND OFFICE



Page \_\_\_\_ Of \_\_\_\_

CONVEYANCE LOCATION

Address: 900 Fallon Street

Inspection Date:

City: Oakland

Zip:

State No: 162179

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 normal and final terminal stopping devices has been tested and passed.

CCCM#: M68479

Req. # 2 Solution:

CCCM#:

Req. # 3 Solution: The closing forces of the power operated hoistway doors have been tested and passed

CCCM#: M68479

Req. # 4 Solution: The relief valve has been tested and passed.

CCCM#: M68479

Req. # 5 Solution: The terminal speed reducing device(s) have been tested and passed n

CCCM#: M68479

Req. # 6 Solution: The cylinder has been tested and passed.

CCCM#: M68479

Req. # 7 Solution: The low oil protection operation has been tested and passed.

CCCM#: M68479

Req. # 8 Solution: The tag has been attached as required.

CCCM#: M68479

Req. # 9 Solution: The emergency battery lowering device has been tested and working properly

CCCM#: M68479

Req. # 10 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.

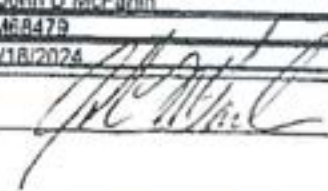
Signature: CCCM	Signature: 2nd CCCM	License Expire Date: 01/18/2024
(Printed Name) John D McFarlin	(Printed Name)	Date:
Signature:		Date: 11-16-2023
(Printed Name & Title) Lynne Garcia/service coordinator		Phone Number: (510) 351-5141
Company (if applicable) KONE Inc		Office Location: San Leandro

State of California  
Department of Industrial Relations  
Periodic Elevator Test Form

Periodic testing is to assure compliance with the applicable provisions on A17.1 and the Elevator Safety Orders.  
A17.2 is to be used as a guide.

Building Address <i>700 Bellon St Oakland</i>		Type of Driving Machine (circle one)		
State ID # <i>16-2174</i>		<input checked="" type="checkbox"/> Traction <input checked="" type="checkbox"/> Direct Hydro <input type="checkbox"/> Chain & Sprocket <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Drum <input type="checkbox"/> Roped Hydro <input type="checkbox"/> Belt	<input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Screw
Date of Testing <i>11-14-2023</i>	P = Passed and Test Tag Attached F = Failed (explain below) R = Removed from Service (explain below)			

Tests	1 Year or Category 1	3 Year or Category 3	5 Year or Category 5
<b>Electric</b>			
Oil Buffers		N/A	
Safeties		N/A	
Governors		N/A	
Slack Rope Device on Winding Drum Machine		N/A	
Normal Terminal Stopping Device		N/A	
Final Terminal Stopping Device		N/A	
Firefighters, Emergency Operation		N/A	
Standby and Emergency Power Operation		N/A	
Power Operation of Door System		N/A	
Brkkn Rope, Tape or Chain Switch		N/A	
Earthquake Protective Devices		N/A	
Emergency Terminal Stopping Device	N/A	N/A	
Emergency Terminal Speed-Limiting Device	N/A	N/A	
Leveling Zone and Leveling Speed	N/A	N/A	
Inner Landing Zone	N/A	N/A	
Braking System	N/A	N/A	
Emergency Stopping Distance (Group IV Only)	N/A	N/A	
<b>Hydraulic</b>			
Relief Valve	P		
Overspeed Valve	P		
Cylinder	P		
Normal Terminal Stopping Device	P		
Terminal Speed Reducing Device	P		
Governors	--		
Safeties	--		
Oil Buffers	--		
Firefighters, Emergency Operation	--		
Standby and Emergency Power Operation	--		
Power Operation of Door System	P		
Low Oil Protection Operation (Group IV Only)	P		
Flexible Hose and Fitting Assemblies	--		
Pressure Switch	--		
Slack Rope Device (Group III Only)	--		
Plunger Engaging Safety Device	--		
Unexposed Portions of Pistons	N/A		
Coated Ropes	N/A	N/A	
Wire Rope Fastenings	N/A	N/A	

CQCC	KONE INC. CC-03-01271 8/25/2025
CCCM Performing Test	John D McFarlin
CCCM Certificate #	M68479
Cert Expiration Date	1/18/2024
CCCM Signature	



Oakland District Office  
1515 The Street, Suite 1001  
Oakland, CA 94612  
Phone: 510-422-3026  
Fax: 510-422-3043  
May 20, 2021

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 94606-2044

NOTE: Pay invoice I19W4520A 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 1, State Number 162179 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 normal terminal stopping devices shall be tested to determine conformance with the applicable  
requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance  
subsection 3141.6: [REF. ASME 17.1 Req. 8.11.2.2.5; Req. 8.11.3.2.3(a) (2004)]

- 2 The operation of the elevator under fire and other emergency conditions shall be tested to determine  
conformance with the applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance  
subsection 3141.6: [REF. ASME 17.1 Req. 8.11.2.2.6; Req. 8.11.3.2.3(e) (2004)]

- 3 The closing forces of the power operated hoistway doors shall be tested to determine conformance with the  
applicable requirements.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance  
subsection 3141.6: [REF. ASME 17.1 Req. 8.11.2.2.8; Req. 8.11.3.2.3(g) (2004)]

- 4 The relief valve setting shall be tested to determine conformance with the applicable requirements. It shall  
be sealed if the relief valve setting is altered or if the seal is broken.

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance  
subsection 3141.6: [REF. ASME 17.1 Req. 8.11.3.2.1 (2004)]

Department of Industrial Relations  
Peralta Community College District

JAN 07 2021

Preliminary Notice

Elevator # 162179

5. The terminal speed reducing device(s) shall be tested to determine conformance with the applicable requirements

The Division shall be notified in writing as to the date and time the test will be conducted

NOTE: A17.2 gives a guide for performing this test to ensure code compliance subsection 3141.6 [REF. ASME 17.1 Req. 8.11.3.2.3(h) (2004)]

The cylinder shall be tested to determine conformance with the applicable requirements. This test shall be performed after the relief valve setting and system pressure test is successfully completed

The Division shall be notified in writing as to the date and time the test will be conducted

NOTE: A17.2 gives a guide for performing this test to ensure code compliance subsection 3141.6 [REF. ASME 17.1 Req. 8.11.3.2.2 (2004)]

7. The low of protection operation shall be tested to determine conformance with the applicable requirements

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance subsection 3141.6 [REF. ASME 17.1 Req. 8.11.3.2.3(i) (2004)]

8. A metal test tag shall be installed in the machine room with the test date, the requirement number(s) requiring the test and the name of the person or firm performing the test for all 1, 3 and 5 year testing requirements.

The Division shall be notified in writing as to the date and time the test will be conducted subsection 3141.6 [REF. ASME 17.1 Req. 8.11.1.6 (2004)]

9. 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]

10. The access key(s) for the elevator machine room and/or machinery space(s) shall be kept in the elevator pit. The key(s) shall be properly identified, located near the pit stop switch and shall be accessible from the pit access door. In buildings with banks of multiple elevators, the key(s) shall be kept in the pit of the elevator with the lowest state identification number. subsection 3141 [REF. ASME 17.1 Req. 8.1.1.1(c) (2004)]

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](http://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



**Farber, Tina@DIR**

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**From:** Garcia Lynne <Lynne.Garcia@KONE.com>  
**Sent:** Thursday, November 16, 2023 10:26 AM  
**To:** DIR BayArea Elevator  
**Cc:** DRESS JIM; Nunez Jose  
**Subject:** 900 Fallon Street 154829 OPU, 162178 OPU, 162179 OPU  
**Attachments:** 900 FALLON STREET 154829 162178 162179.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

154829 – item 2 fire and item 10 access key

162178- item 2 fire , item 10 access key, item 11 telephone, and item 12 elevator car lighting

162179- item 2 fire and item 10 access key

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](mailto:Lynne.Garcia@KONE.com)  
24/7 Dispatch: (877) 276-8691 / [koneserviceusk@kone.com](mailto:koneserviceusk@kone.com)  
CA Contractor #179166  
[www.kone.us](http://www.kone.us)



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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: 162179
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"/> Temp. Construction <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) 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: [REDACTED]
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID: [REDACTED]
		Elevator Company Office location (City):

## EV Data

11	Elevator Model: SAME	Controller Model: EC H900	Install Group: IV	Alteration Group:	Alteration date: 2/2013		
12	Governor Model: XXXXX	Safety Model: XXXXX	Battery Rescue: YES	Cab Flooring: Tile 02	Cab Walls: Raised P-lam 02	Cab Ceiling: Drop Ceil 02	5 Year Check:
13	Access Keys: GG101	Rupture Valve: OK	Speed: 125	Capacity: 2500	No. of landings: 2	Class:	

## 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 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 16, 2023, the Division has determined that Passenger, Hydroelectric, EV 1, State Number 162179, 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**

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

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

[Signature] For D+H

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

Elevator # 162179

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Passenger, Hydroelectric, EV 1, NO. 162179 - CONTINUED

1. The normal terminal stopping devices shall be tested to determine conformance with the applicable requirements.  
  
The Division shall be notified in writing as to the date and time the test will be conducted.  
  
NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.2.2.5 ; Req. 8.11.3.2.3(a) (2004)]
2. The operation of the elevator under fire and other emergency conditions shall be tested to determine conformance with the applicable requirements.  
  
The Division shall be notified in writing as to the date and time the test will be conducted.  
  
NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.2.2.6 ; Req. 8.11.3.2.3(e) (2004)]
3. The closing forces of the power operated hoistway doors shall be tested to determine conformance with the applicable requirements.  
  
The Division shall be notified in writing as to the date and time the test will be conducted.  
  
NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.2.2.8 ; Req. 8.11.3.2.3(g) (2004)]
4. The relief valve setting shall be tested to determine conformance with the applicable requirements. It shall be sealed if the relief valve setting is altered or if the seal is broken.  
  
The Division shall be notified in writing as to the date and time the test will be conducted.  
  
NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.1 (2004)]
5. The terminal speed reducing device(s) shall be tested to determine conformance with the applicable requirements.  
  
The Division shall be notified in writing as to the date and time the test will be conducted.  
  
NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.3(h) (2004)]
6. The cylinder shall be tested to determine conformance with the applicable requirements. This test shall be performed after the relief valve setting and system pressure test is successfully completed.  
  
The Division shall be notified in writing as to the date and time the test will be conducted.  
  
NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.2 (2004)]
7. The low oil protection operation shall be tested to determine conformance with the applicable requirements.

Elevator # 162179

Address: 900 Fallon St, Oakland

The Division shall be notified in writing as to the date and time the test will be conducted.

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.3(i) (2004)]

8. A metal test tag shall be installed in the machine room with the test date, the requirement number(s) requiring the test and the name of the person or firm performing the test for all 1, 3 and 5 year testing requirements. The Division shall be notified in writing as to the date and time the test will be conducted.  
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.1.6 (2004)]
9. 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]
10. The access key(s) for the elevator machine room and/or machinery space(s) shall be kept in the elevator pit. The key(s) shall be properly identified, located near the pit stop switch and shall be accessible from the pit access door. In buildings with banks of multiple elevators, the key(s) shall be kept in the pit of the elevator with the lowest state identification number. subsection 3141 : [REF. ASME 17.1 Req. 8.1.1.1(c) (2004)]

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



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Dan Barker  
Lead Senior Safety Engineer  
Elevator Unit

/tE

## 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"/> County <input type="checkbox"/> City <input type="checkbox"/> State	Office ID: 04	Elevator Number: 162179
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: \$ <u>0</u> .00

## Site Contact

Red &amp; Yellow Tagged

5	Recommendations Explained To: (Name) FERNANDO	Position: MAINT
<b>Responsible Party Information</b>		
6	Company: PERALTA COMMUNITY COLLEGE	Attn: MIKE
7	Address: 333 E 8TH ST	Suite:
8	City: OAKLAND	State: CA Zip: 94606
9	Prime Phone: [REDACTED]	Alt. Phone: [REDACTED] Email:
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID: [REDACTED] Elevator Company Office location (City):

## EV Data


11	Elevator Model: SAME	Controller Model: EC H900	Install Group: IV	Alteration Group:	Alteration date: 2/2013		
12	Governor Model: XXXXX	Safety Model: XXXXX	Battery Rescue: YES	Cab Flooring: Tile 02	Cab Walls: Raised P-lam 02	Cab Ceiling: Drop Ceil 02	5 Year Check:
13	Access Keys: GG101	Rupture Valve: OK	Speed: 125	Capacity: 2500	No. of landings: 2	Class:	

## 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: 184043
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: \$ 225 .00	

### Site Contact

5	Recommendations Explained To: (Name) FERNANDO	Position: MAINT
<b>Responsible Party Information</b>		
6	Company: PERALTA COMMUNITY COLLEGE	Attn: MIKE
7	Address: 333 E 8TH ST	Suite:
8	City: OAKLAND	State: CA
9	Zip: 94606	
9	Prime Phone: [REDACTED]	Alt. Phone:
9	Email:	
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID:
10	Elevator Company Office location (City):	

### EV Data

11	Elevator Model: SAME	Controller Model: GEN HY-US	Install Group: IV	Alteration Group:	Alteration date:		
12	Governor Model: XXXXXX	Safety Model: XXXXXX	Battery Rescue: N	Cab Flooring: Wood 03	Cab Walls: Other 08	Cab Ceiling: None 00	5 Year Check:
13	Access Keys:	Rupture Valve: N/A	Speed: 17	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

YELLOW TAGGED- NON PAYMENT
5/14/23

Show Cause	Tag Order	Validation  2012341
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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: 184043
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) FERNANDO	Position: MAINT
<b>Responsible Party Information</b>		
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: GEN HY-US	Install Group: IV	Alteration Group:	Alteration date:		
12	Governor Model: XXXXX	Safety Model: XXXXXX	Battery Rescue: N	Cab Flooring: Wood 03	Cab Walls: Other 08	Cab Ceiling: None 00	5 Year Check:
13	Access Keys:	Rupture Valve: N/A	Speed: 17	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:	Selsmic 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 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 16, 2023, the Division has determined that Wheelchair, Roped Hydro, WCL, State Number 184043, 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 Milica  
 Copy Left With: TF427  
 Order Served by: \_\_\_\_\_  
 Date: 10/31/23

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

BSTE 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

Elevator # 184043

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Wheelchair, Roped Hydro, WCL, NO. 184043 - CONTINUED

1. The special access lift operation shall be tested weekly and a record of the results shall be documented in the access log. subsection 3142 : 3094.5(a)(2)
2. The owner shall keep at the premises where the special access lift is installed a complete set of manufacturer's maintenance and operational instructions including, but not limited to, the following:
  - (1) Wiring diagram
  - (2) Structure diagram
  - (3) Instructions for the operation of the manual lowering device; and
  - (4) Key(s) which is clearly labeled for the (manual lowering) access panel.subsection 3142(a)(1) , 3094.5(d)
3. Routine maintenance, performed by a qualified person, shall be performed not less than once every six months. A procedure for checking the operation of the lift shall be conducted not less than weekly. A written log shall be established and maintained indicating the following:
  - (1) Completion date of all maintenance or repair
  - (2) Name of person doing the maintenance or repair
  - (3) Nature of the maintenance or repair
  - (4) Record of all malfunctions
  - (5) Records of all accidents occurring on the lift regardless of the nature of the injury
  - (6) The time when the operational check was conducted, and the name of the person conducting it
  - (7) The name and telephone number of person(s) to contact in case of an emergency.

The log shall be available to the Division at the time of the required inspection.  
subsection 3142(a)(1) , 3094.5

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



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Dan Barker  
Lead Senior Safety Engineer  
Elevator Unit

/tE