



RECEIVED
 NOV 16 2023
 DOSH / EV UNIT, OAKLAND OFFICE

Page ____ Of ____

CONVEYANCE LOCATION

Address: 900 Fallon Street
 City: Oakland
 State No: 070722
 Inspection Date:
 Zip:
ONLY ONE CONVEYANCE PER FORM

REQUIREMENT(S) COMPLETED

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

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

SIGNATURES

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

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



Oakland District Office
 1515 Clay Street, Suite 1301
 Oakland, CA 94612
 Phone: 510.622.3025
 Fax: 510.622.3045
 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: Pay invoice E19684690A within
 60 days from its issuance to avoid a
 100% penalty assessment. All fees are
 due IMMEDIATELY upon receipt of the
 invoice.



A survey of your Passenger, Hydroelectric, E BLDG, State Number 070722 located at 900 Fallon St, Oakland was made on May 17, 2023 by EU Engineer, T. Fernandez Person Contacted: FERNANDO
 Compliance date: July 17, 2023

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

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

Notification in writing that each of the listed items have been complied with shall be submitted to the above listed District office on the Compliance Form available at www.dir.ca.gov/dosh/ElevatorPubs_forms.html before the PERMIT TO OPERATE will be issued. Failure to Notify the Division within the allotted time may result in additional Penalties being assessed
NO PERMIT WILL BE ISSUED UNTIL NOTIFICATION HAS BEEN RECEIVED AND ALL FEES ARE PAID.

Department of General Services
 Peralta Community College District

Dave Henderson, Senior Safety Engineer

JUN 07 2023

DIR007862_1_16006211302608000100228

RECEIVED

NOV 16 2023



GROUP 2 FIVE YEAR HYDRAULIC LOAD TEST REPORT
OAKLAND OFFICE

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

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

Elevator Rated Load as Shown on Crosshead Data Plate: 2000 lbs^{2p}
Rated Speed as Shown on Data Plate: (Not greater than 110% of C'p Speed as shown below) 125 FPM
Elevator Up Speed with Rated Load: 115 FPM Elevator Down Speed with Rated Load: 120 FPM

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

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

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

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

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

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

Clear L/T

PERMANENT RECORD
DO NOT DESTROY

RED TAGGED 8-16-23 OPU

Farber, Tina@DIR

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

CAUTION: [External Email]

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

Hello,

Please see attached. Items pending below.

050152- item 1 telephone

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

070722- item 3 telephone

Best regards,

Lynne Garcia
Service Coordinator-East Bay
Bay Area Branch 380

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



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

Please consider the environment before printing this email.

Elevator Unit Field Report

State of California DIR/DOSH

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

Site Contact

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

EV Data

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

Escalator Data

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

Comments / Notes

RED TAGGED- NON COMPLIANCE

Show Cause	Tag Order	Validation

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

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

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

ORDER PROHIBITING USE

October 9, 2023

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

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

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

NOTICE OF HEARING

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

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

DECLARATION OF SERVICE

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

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

[Signature] FOR DM

D. Henderson, Senior EU Engineer

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

Inspector: T. Fernandez
continued on next page

ORDER PROHIBITING USE
October 9, 2023

Elevator # 070722

Address: 900 Fallon St, Oakland

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

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

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

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf

Elevator Unit Field Report

State of California DIR/DOSH

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

Site Contact

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

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

EV Data

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

Escalator Data

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

Comments / Notes

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

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

Elevator Unit Field Report

State of California DIR/DOSH

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

Site Contact

5	Recommendations Explained To: (Name) FERNANDO	Position: MAINT
Responsible Party Information		
6	Company: PERALTA COMMUNITY COLLEGE	Attn: MIKE
7	Address: 333 E 8TH ST	Suite:
8	City: OAKLAND	State: CA
9	Prime Phone: [REDACTED]	Alt. Phone: [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: MONTGOMERY	Install Group: II	Alteration Group:	Alteration date:		
12	Governor Model: SAME	Safety Model: SAME	Battery Rescue:	Cab Flooring: Other 06	Cab Walls: Stainless steel 03	Cab Ceiling: T-bar 01	5 Year Check:
13	Access Keys: EX514	Rupture Valve: N/A	Speed: 350	Capacity: 2500	No. of landings: 10	Class: 00	

Escalator Data

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

Comments / Notes

R1 sleeves 05, Attached

Show Cause	Tag Order	Validation
		2012472



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

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

**PRELIMINARY
ORDER**

November 17, 2023

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

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

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

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

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

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

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

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

Dave Henderson, Senior Safety Engineer

/tf

Elevator Unit Field Report

State of California DIR/DOSH

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

Site Contact

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

Responsible Party Information

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

Escalator Data

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

Comments / Notes

R1 WAS COMPLETED

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

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

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

ORDER PROHIBITING USE

October 9, 2023

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

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

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

NOTICE OF HEARING

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

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

DECLARATION OF SERVICE

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

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

BSTH FOR DH

D. Henderson, Senior EU Engineer

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

Inspector: T. Fernandez
 continued on next page

ORDER PROHIBITING USE
October 9, 2023

Elevator # 051536

Address: 900 Fallon St, Oakland

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

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

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

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf



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

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

RETURN SERVICE REQUESTED

PERMIT TO OPERATE A CONVEYANCE

CONVEYANCE PERMIT

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

Conveyance Number: 109982

Permit Expires: 05/17/2024

Inspection Date: 05/17/2023

Location: 900 FALLON ST
 OAKLAND, CA 94607

Issue Date: 11/16/2023

Owner ID: WCL TH

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

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

INSPECTION: 109982
 Conveyance Number

05/17/2023
 Date of Inspection
 05/17/2024
 Date Permit Expires

LOCATION: 900 FALLON ST
 Street Address

OAKLAND, CA 94607
 City or Town

LOAD PERMISSIBLE: 750
 Pounds

2
 Persons
 TF427
 Inspector

DESCRIPTION: WCL
 Type of Conveyance

WCL TH
 Owner's ID

AC 1 and 2 spd
 Power
 Roped Hydro
 Type of Machine



THIS PERMIT SHALL BE POSTED ON THE CONVEYANCE

Elevator Unit Field Report

State of California DIR/DOSH

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

Site Contact

5	Recommendations Explained To: (Name) MIKE	Position: MAINT
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No Charge For Yellow Tag
When Several White Red Tag

Responsible Party Information

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

EV Data

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

Escalator Data

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

Comments / Notes

YELLOW TAGGED- NON PAYMENT

Show Cause	Tag Order	Validation
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[Signature]

Elevator Unit Field Report

State of California DIR/DOSH

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

Site Contact

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

Escalator Data

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

Comments / Notes

RED TAGGED- NON COMPLIANCE

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

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

DISPOSITION OF SC/TAG ORDER
 Check One
 Served in Person on _____
 Served by Certified Mail on _____
 Tag Order Served & Equip. Sealed On 10/31/23
 or
SHOW CAUSE TAG ORDER NOT SERVED
 Check One
 Employer Compliance
 Extension Recommended / _____ Days (See S-200)
 Further Legal Action Indicated
 By
 Engineer JF427 Date 10/31/23

ORDER PROHIBITING USE

October 9, 2023

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

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

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

NOTICE OF HEARING

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

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

DECLARATION OF SERVICE

Declaration of Service Mike
Copy Left With: _____
Order Served by: JF427
Date: 10/31/23

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

[Signature] FOR DH

D. Henderson, Senior EU Engineer

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

Inspector: T. Fernandez
continued on next page

ORDER PROHIBITING USE
October 9, 2023

Elevator # 109982

Address: 900 Fallon St, Oakland

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

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

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

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf