





RECEIVED  
 NOV 16 2023

DOSH / EV UNIT, OAKLAND OFFICE

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

CONVEYANCE LOCATION	
Address: 900 Fallon Street	Inspection Date:
City: Oakland	Zip:
State No: 050152	<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: _____ CCCM#: M68479
Req. # 2	Solution: The operation of the elevator under earthquake has been checked and works properly CCCM#: M68479
Req. # 3	Solution: The hoistway doors at the 5th, 7th, and 9th have been adjusted and working as required. CCCM#: M68479
Req. # 4	Solution: The light/alarm bell operates as intended. CCCM#: M68479
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:
Req. #	Solution: _____ CCCM#:

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





## Farber, Tina@DIR

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**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](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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*Please consider the environment before printing this email*

# Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input checked="" type="checkbox"/> State	Office-ID: 04	Elevator Number: 050152
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 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: SAME	Controller Model: MONTGOMERY	Install Group: II	Alteration Group:	Alteration date:		
12	Governor Model: SAME	Safety Model: SAME	Battery Rescue:	Cab Flooring: Other 06	Cab Walls: Stainless steel 03	Cab Ceiling: T-bar 01	5 Year Check:
13	Access Keys: EX514	Rupture Valve: N/A	Speed: 350	Capacity: 2500	No. of landings: 10	Class: 00	

### Escalator Data

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

### Comments / Notes

**RED TAGGED- NON COMPLIANCE**

Show Cause	Tag Order	Validation
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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 17, 2023, the Division has determined that Passenger, Overhead Traction, EV 2, State Number 050152, located at 900 Fallon St, Oakland, is not in compliance with Title 8, Elevator Safety Orders, and is being operated without a valid permit.

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

**NOTICE OF HEARING**

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

Hearing Requested: \_\_\_\_\_  
 Date of Hearing at 10 a.m.: \_\_\_\_\_  
 Location of Hearing: \_\_\_\_\_

**DECLARATION OF SERVICE**

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

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

[Signature] FOR DH

D. Henderson, Senior EU Engineer

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

Inspector: T. Fernandez  
 continued on next page

ORDER PROHIBITING USE  
October 9, 2023

Elevator # 050152

Address: 900 Fallon St, Oakland

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

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

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

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



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Dan Barker  
Lead Senior Safety Engineer  
Elevator Unit

/tf

# Elevator Unit Field Report

State of California DIR/DOSH

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

### Site Contact

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

### Escalator Data

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

### Comments / Notes

**YELLOW TAGGED- NON PAYMENT**

Show Cause	Tag Order	Validation
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# Elevator Unit Field Report

State of California DIR/DOSH

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

### Site Contact

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

6	Company: <b>PERALTA COMMUNITY COLLEGE</b>	Attn:
7	Address: <b>333 E 8TH ST</b>	Suite:
8	City: <b>OAKLAND</b>	State: <b>CA</b>
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: <b>SAME</b>	Controller Model: <b>SAME</b>	Install Group: <b>II</b>	Alteration Group: <b>IV</b>	Alteration date:		
12	Governor Model: <b>SAME</b>	Safety Model: <b>SAME</b>	Battery Rescue: <input type="checkbox"/> yes <input type="checkbox"/> no	Cab Flooring:	Cab Walls:	Cab Ceiling:	5 Year Check:
13	Access Keys:	Rupture Valve:	Speed: <b>350</b>	Capacity: <b>2500</b>	No. of landings: <b>10</b>	Class: <b>00</b>	

### Escalator Data

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

### Comments / Notes

NEW DOOR OPERATOR	<i>Passed MOD</i>
	<i>Red Tagged For Non Compliance.</i>
	<i>Outstanding Invoice For \$1350 <span style="color: red;">oo</span> Yellow Tagged</i>

Show Cause	Tag Order	Validation
		<b>2012342</b>

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

Office <b>04</b>	Variance #
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Group: <b>II</b> Install / <b>IV</b> Alt.	Elevator Number <b>050152</b>
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<b>1</b>	Location: Street: <b>900 FALLON ST</b>	City: <b>OAKLAND</b>	Zip: <b>94607</b>	Nearest Intersection: <b>7TH ST</b>							
<b>2</b>	# Units <b>14</b>	Owner's I.D. <b>#2</b>	<input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Alt/Mod <input type="checkbox"/> Construction	Date Inspected: <b>10/31/2023</b>	Inspected By: <b>TF427</b>						
<b>3</b>	Class: <input type="checkbox"/> Pass <input checked="" type="checkbox"/> Frt <input type="checkbox"/> Other	Code:	Make/Manufacturer: <b>ARMOUR</b>	Code:	Installation Date: <b>01/01/1963</b>	Mach Type: <b>01</b>	Capacity: <b>2500</b>	# of Passengers <b>16</b>			
<b>4</b>	Speed: <b>350</b>	Rise:	Landings: <b>10</b>	# Openings: <b>10</b>	Control: <b>10</b>	Operation: <b>33</b>	Installing/Modernization Co.: <b>KONE</b>	Code: <b>316</b>			
<b>5</b>	<b>Machine Room</b>	Machine Room Location:			Key Location:			Access:	Clearance:		
<b>6</b>	<b>Ropes</b>	No.	Size	Material	Date Install	R/S	Ropes	No.	Size	Material	Date Install
	<b>Hoisting</b>						<b>Governor</b>				
<b>7</b>	<b>Drum CWT.</b>						<b>Cwt. Gov.</b>				
<b>8</b>	<b>Car CWT</b>						<b>Comp</b>				
	<b>Roping:</b>						<b>Method:</b>				
<b>9</b>	<b>Hoistway Entrance</b>	Door/Gate Type: <b>Side Opening Two Speed</b>		Code: <b>05</b>	Interlock MFR:		Code:	Primary interlock – Type:		Oper By:	
Secondary Door/Gate Type:		Code:	Interlock MFR:		Code:	Secondary Interlock-Type:		Oper By:			
Inter Force:		Stroke:	Cam Length:	Force:	Stroke:	Hoistway Access	Access Keys:				
	#	In	In	#	In	Yes	No				
<b>10</b>	<b>Doors &amp; Gates</b>	Width: <b>F 42</b> R In	Weight: <b>F</b> R #	Force: <b>F 15</b> R #	Closing Time: <b>F 3.9</b> R Sec	Nudging: <b>F 6.0</b> R Sec	4In Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Min. Closing: <b>F</b> R Sec	Contact: <b>F: OK</b> R:		
Car Door/Gate: <b>F Side Opening Two Speed</b> R		Code: <b>F 05</b> R	Fire Labels:	Decorative Covering: <input type="checkbox"/> Yes <input type="checkbox"/> No		Floors:	Safety Retainers:				
<b>11</b>	<b>Car</b>	Width: Ft In	Depth: Ft In	Emergency Exit: X In		Emergency Alarm: <input type="checkbox"/> Bell <input type="checkbox"/> 100' Bell <input type="checkbox"/> Phone		Over 60Ft Comm: <input type="checkbox"/> Yes <input type="checkbox"/> No			
CWT Weight: #		Car Weight: #	Cab Flooring/Code:		Cab Walls/Code:	Cab Ceiling/Code:					
<b>12</b>	<b>Clearances</b>	Crosshead: In	Car Top: In	CWT. OH: In	Nearest Strike: In	Pit Depth: In	Bottom Runby: In	CWT. Runby: In	Walk in Pit <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>13</b>	<b>Lighting</b>	Mach Room:	Hall:	Car:	Pit:	Sheave Space:	Car Top:	Emerg. Light:	Emerg. Light Manufacturer:		
<b>14</b>	<b>Electrical</b>	Disconnect: V: A:	Voltage: V	Controller:	Drive Motor:	MG Motor:	Ground:	Photo Eye:	Reopen Device:	Car top Op. <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Inter:
Elevator Model: <b>SAME</b>		Controller Model: <b>SAME</b>		Software Version:		Electrical Code:	Battery Rescue: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>15</b>	<b>Electrical Switches</b>	Stop Switches:	Car:	Pit:	Crosshead:	Sheave Space:	Other:	Apron: F X In R X In	Door Zone:	Level Zone:	
Safety Switches:		Safety:	Comp:	Tape:	Buffers:	Slack Rope:	Normal: Top: Bot:	Final: Top: Bot:	Emerg: Top: Bot:	Other:	



Elevator Number  
**050152**

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

**Machine Room**

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

**Machine Room Cont.**

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

**Pit**

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

**Pit Cont.**

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

**Car Interior**

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

**Fire Service**

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

Notes: GAL MOVFR - DOOR OPERATOR



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



REQUEST FOR INSPECTION NEW INSTALL OR MODERNIZATION

TODAY'S DATE: 10/18/23

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

LOCATION

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

REQUESTOR

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

REQUESTED DATE FOR INSPECTION: 10/19/23

EQUIPMENT INFORMATION 2 # UNITS  DUPLEX

Type of Equipment: Kone Installation Group Number: 2

Variance # (If applicable): \_\_\_\_\_ State Number (If Issued): 050152

TYPE OF INSPECTION REQUESTED

NEW  MODERNIZATION  Re-INSPECT

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

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

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

This section is for DIR use:

ASSIGNED TO: Tony Fernandez

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

MON  TUE  WED  THU  FRI

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



ALTERATION INTENT TO INSTALL FORM

Today's date 10/18/2023

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

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

Address of Alteration of Elevator:

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

Building Name: Laney College Tower

Number of Units: 1

Permitted California Electrical Code of Record: CEC 2016

Controller model: Kone

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

California State ID Number 50152

Check one

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

Check one

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

Complete

- Rated Load 2500
Rated speed 350
Rise
Control type

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

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

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

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

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



ALTERATION INTENT TO INSTALL FORM

Today's date 10/18/2023

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

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

Address of Alteration of Elevator:

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

Building Name: Laney College Tower

Number of Units: 1

Permitted California Electrical Code of Record: CEC 2016

Controller model: Kone

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

California State ID Number 50152

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

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

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

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

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



# Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input checked="" type="checkbox"/> State	Office-ID: 04	Elevator Number: 059308
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> Temp. Construction <input type="checkbox"/> 2 Year <input type="checkbox"/> Other		No Permit Until Reinspect <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure <input type="checkbox"/>	Req.'s	Inspection Time: .50 Hrs	Inspection Fee: \$ <del>600</del> .00	

**Site Contact**

*Red & Yellow Tagged*

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

**Responsible Party Information**

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

**EV Data**

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

**Escalator Data**

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

**Comments / Notes**

YELLOW TAGGED- NON PAYMENT

Show Cause	Tag Order	Validation
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# Elevator Unit Field Report

State of California DIR/DOSH

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

### Site Contact

5	Recommendations Explained To: (Name) MIKE	Position: MAINT
<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: HMC 1000 PHC	Install Group: II	Alteration Group:	Alteration date:		
12	Governor Model: XXXXXX	Safety Model: XXXXXX	Battery Rescue: YES	Cab Flooring: VCT 05	Cab Walls: Other 08	Cab Ceiling: Other 06	5 Year Check: 1/2020
13	Access Keys: EX514	Rupture Valve: OK	Speed: 125	Capacity: 3000	No. of landings: 5	Class: 00	

### Escalator Data

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

### Comments / Notes

RED TAGGED- NON COMPLIANCE


Show Cause	Tag Order	Validation



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

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

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

**ORDER PROHIBITING USE**

October 9, 2023

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

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

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

**NOTICE OF HEARING**

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

Hearing Requested: \_\_\_\_\_  
Date of Hearing at 10 a.m.: \_\_\_\_\_  
Location of Hearing: \_\_\_\_\_

**DECLARATION OF SERVICE**

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

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

[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 # 059308

Address: 900 Fallon St, Oakland

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

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

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

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



---

Dan Barker  
Lead Senior Safety Engineer  
Elevator Unit

/tf

RECEIVED  
 NOV 16 2023



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

DOSH / EV UNIT, OAKLAND OFFICE

CONVEYANCE LOCATION	
Address: 900 Fallon Street	Inspection Date:
City: Oakland	Zip:
State No: 051537	<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 emergency battery lowering device has been tested and works properly as required.	CCCM#: M68479
Req. # 2	Solution:	CCCM#:
Req. # 3	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:
Req. #	Solution:	CCCM#:

**SIGNATURES**

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

Signature: CCCM	Signature: 2nd CCCM	License Expire Date: 01/18/2024
(Printed Name) John D McFarlin	(Printed Name)	Date:
Signature:		Date: 11/16/2023
(Printed Name & Title) Lynne Garcia /service coordinator		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: 510.622.3026  
 Fax: 510.622.3043  
 May 26, 2023

*Student Services*

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

**PRELIMINARY  
 ORDER**

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

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



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

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

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

Notification in writing that each of the listed items have been complied with shall be submitted to the above listed  
 District office on the Compliance Form available at [www.dir.ca.gov/dosh/ElevatorPubs\\_forms.html](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

AT

Department of Industrial Relations  
 Peralta Community College District

JUN 07 2023

*#3 Working is coming thru the wall  
 from a bathroom on floor above the  
 machine room*

**Farber, Tina@DIR**

---

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

**CAUTION: [External Email]**

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

Hello,

Please see attached. Items pending below.

050152- item 1 telephone

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

070722- item 3 telephone

Best regards,

Lynne Garcia  
Service Coordinator-East Bay  
Bay Area Branch 380

**KONE Americas**  
15021 Wicks Blvd  
San Leandro, CA 94577  
Office (510) 351-5141  
[Lynne.Garcia@KONE.com](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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