



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	Inspection Date:
City: Oakland	Zip:
State No: 133538	

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: 510.622.3026
 Fax: 510.622.3045
 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 E1968456OA 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 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

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Department of Industrial Relations
 Peralta Community College District

AM 07 JUL

018627881128878910

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"/> Temp. Construction <input type="checkbox"/> 2 Year <input type="checkbox"/> Other		No Permit Until Reinspect: <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure: <input type="checkbox"/>	Req.'s	Inspection Time: . 75 Hrs	Inspection Fee: \$ <u> </u> .00	

Site Contact

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

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

EV Data

11	Elevator Model: 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	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"/> 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
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 One:
 Served by person on _____
 Served by Certified Mail on _____
 Served by 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 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: _____
 Order Served by: MIKE 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



Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf



RECEIVED
 NOV 16 2023
 DOSH / EV UNIT, OAKLAND OFFICE

Page ____ Of ____

CONVEYANCE LOCATION

Address: 900 Fallon Street
 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]



Oakland District Office
 1515 Clay Street, Suite 1301
 Oakland, CA 94612
 Phone: 510 622 3026
 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 E19684650A 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, LIB'RY, State Number 050161 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
2
3

1. The missing or damaged Code Data Plate identifying the code and edition in effect at the time of installation shall be installed. The data plate shall also specify the code and edition in effect at the time of alteration and the rules that have been complied with. The plate shall be in plain view and stamped or etched in figures not less than 1/8" (3.2mm) subsection 3000(h). [REF. ASME 17.1 Rule 1200.6 (1996)]
2. 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]
3. The missing electrical box cover(s) in/on the elevator door operator shall be replaced subsection 3012(a), 3051; [CEC 620]

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

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

Dave Henderson, Senior Safety Engineer

At

Department of General Services
 Peralta Community College District

JUN 07 2023



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	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 <i>John D McFarlin</i>	Signature: 2nd 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 500 Fallon St Oakland, CA		Type of Driving Machine (circle one)		
State ID # 151829	Date of Testing 11-15-2023	<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
Electric			
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	
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	-		
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	

QCQC	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	

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 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

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	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: 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
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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
 In 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



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: 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: \$ 0 .00	

Site Contact

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

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

EV Data

11	Elevator Model: OTIS	Controller Model: 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

YELLOW TAGGED- NON PAYMENT

Show Cause	Tag Order	Validation
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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 <i>[Signature]</i>	Signature: 2nd CCCM <i>[Signature]</i>	License Expiration 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

[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

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. # 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#:
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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 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 700 Fallon St Oakland, CA		Type of Driving Machine (circle one)		
<input type="checkbox"/> Traction	<input type="checkbox"/> Drum	<input type="checkbox"/> Rack & Pinion		
<input checked="" type="checkbox"/> Direct Hydro	<input type="checkbox"/> Roped Hydro	<input type="checkbox"/> Screw		
State ID # 162178	Date of Testing 11-14-2023	<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
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Electric			
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	

Hydraulic			
Relief Valve	R		
Overspeed Valve			
Cylinder			
Normal Terminal Stopping Device			
Terminal Speed Reducing Device			
Governors			
Safeties			
Oil Buffers			
Firefighters, Emergency Operation			
Standby and Emergency Power Operation			
Power Operation of Door System			
Low Oil Protection Operation (Group IV Only)			
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	