

**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.

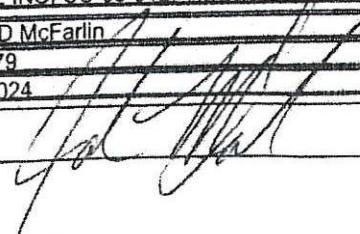
Building Address 700 Fallon St Oakland, CA		Type of Driving Machine (circle one)		
<input type="checkbox"/> Traction	<input type="checkbox"/> Drum	<input type="checkbox"/> Rack & Pinion		
<input checked="" type="checkbox"/> Direct Hydro	<input type="checkbox"/> Roped Hydro	<input type="checkbox"/> Screw		
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	

Farber, Tina@DIR

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

CAUTION: [External Email]

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

Hi Tina,

Thank you for letting me know, please see attached.

Have a good weekend!

Best regards,

Lynne Garcia
Service Coordinator-East Bay
Bay Area Branch 380

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



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Please consider the environment before printing this email

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

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

Hello Lynne,

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

Thank You,

Tina Staricco

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

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

CAUTION: [External Email]

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

Hello,

Please see attached.

Items pending

154829 – item 2 fire and item 10 access key

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

162179- item 2 fire and item 10 access key

Best regards,

Lynne Garcia
Service Coordinator-East Bay
Bay Area Branch 380

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



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Please consider the environment before printing this email.

Preliminary Notice

Elevator # 162176

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

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

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

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

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

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

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

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

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

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

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

9. The emergency battery lowering device shall be tested for proper operation under all six (6) conditions listed in Circular Letter E-01-03, California Labor Code subsection 7318 [Ref. Circular Letter E-01-03]

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

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

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



RECEIVED
 NOV 16 2023

Page 1 Of 2

DOSH/EV UNIT, OAKLAND OFFICE
 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: CCCM#:
- Req. # 3 Solution: The closing forces of the power operated hoistway doors have been tested and passed. CCCM#: M68479
- Req. # 4 Solution: The relief valve has been tested and passed. CCCM#: M68479
- Req. # 5 Solution: The terminal speed reducing device(s) have been tested and passed n. CCCM#: M68479
- Req. # 6 Solution: The cylinder has been tested and passed. CCCM#: M68479
- Req. # 7 Solution: The low oil protection operation has been tested and passed. CCCM#: M68479
- Req. # 8 Solution: The tag has been attached as required. CCCM#: M68479
- Req. # 9 Solution: The emergency battery lowering device has been tested and working properly. CCCM#: M68479
- Req. # 10 Solution: CCCM#:
- Req. # 11 Solution: CCCM#:

SIGNATURES

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

Signature: CCCM	Signature: 2nd CCCM	License Expiry Date: 01/18/2024
(Printed Name) John D McFarlin	(Printed Name)	Date:
Signature:		Date: 11-10-2023
(Printed Name & Title) Lynne Garcia/service coordinator		Phone Number: (510) 351-5141
Company (if applicable) KONE inc		Office Location: San Leandro



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

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

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

Building Address <i>700 Fallon St Oakland, CA</i>		Type of Driving Machine (circle one)		
State ID # <i>162178</i>	Date of Testing <i>11-14-2023</i>	<input type="checkbox"/> Traction	<input type="checkbox"/> Drum	<input type="checkbox"/> Rack & Pinion
		<input checked="" type="checkbox"/> Direct Hydro	<input type="checkbox"/> Roped Hydro	<input type="checkbox"/> Screw
		<input type="checkbox"/> Chain & Sprocket	<input type="checkbox"/> Belt	
		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
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	P		
Cylinder	P		
Normal Terminal Stopping Device	P		
Terminal Speed Reducing Device	P		
Governors	P		
Safeties	P		
Oil Buffers	P		
Firefighters, Emergency Operation	P		
Standby and Emergency Power Operation	P		
Power Operation of Door System	P		
Low Oil Protection Operation (Group IV Only)	P		
Flexible Hose and Fitting Assemblies	P		
Pressure Switch	P		
Slack Rope Device (Group III Only)	P		
Plunger Engaging Safety Device	P		
Unexposed Portions of Pistons	N/A		
Coated Ropes	N/A	N/A	
Wire Rope Fastenings	N/A	N/A	

QCC	<i>KONE INC. CC-93-01271 R/25/2025</i>
CCCM Performing Test	<i>John D McFarlin</i>
CCCM Certificate #	<i>M68479</i>
Cert Expiration Date	<i>1/18/2024</i>
CCCM Signature	<i>[Signature]</i>

Preliminary Notice

Elevator # 162178

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

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

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

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

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

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

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

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

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

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

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

9. The emergency battery lowering device shall be tested for proper operation under all six (6) conditions listed in Circular Letter E-01-03. California Labor Code subsection 7318. [Ref. Circular Letter E-01-03]

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

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

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

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: 162178
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> Temp. Construction <input type="checkbox"/> 2 Year <input type="checkbox"/> Other		No Permit Until Reinspect <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number Of 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: [REDACTED]	Alt. Phone:
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID:
		Elevator Company Office location (City):

EV Data

11	Elevator Model: SAME	Controller Model: EC H900	Install Group: IV	Alteration Group:	Alteration date:		
12	Governor Model: XXXXX	Safety Model: XXXXX	Battery Rescue: YES	Cab Flooring: Tile 02	Cab Walls: Raised P-lam 02	Cab Ceiling: Drop Ceil 02	5 Year Check:
13	Access Keys: GG101	Rupture Valve: OK	Speed: 125	Capacity: 2500	No. of landings: 2	Class: 00	

Escalator Data

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

Comments / Notes

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

ORDER PROHIBITING USE

October 9, 2023

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

DISPOSITION OF SC/TAG ORDER
 Check One:
 Served in Person on _____
 Served by Certified Mail on _____
 Tag Order Served & Equip. Sealed On 10/31/23
 or
SHOW CAUSE TAG ORDER NOT SERVED
 Employer Compliance
 Extension Recommended / _____ Days (See S-200)
 Further Legal Action Indicated
 By
 Engineer TF427 Date 10/21/23

Upon an inspection and/or investigation on May 16, 2023, the Division has determined that Passenger, Hydroelectric, EV, State Number 162178, located at 900 Fallon St, Oakland, is not in compliance with Title 8, Elevator Safety Orders, and is being operated without a valid permit.

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

NOTICE OF HEARING

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

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

DECLARATION OF SERVICE

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

AUTHORIZATION
 CHIEF OF THE DIVISION
 OCCUPATIONAL SAFETY & HEALTH

BH FOR OH

D. Henderson, Senior EU Engineer

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

Inspector: T. Fernandez
 continued on next page

Elevator # 162178

Address: 900 Fallon St, Oakland

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

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

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

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.2.2.5 ; Req. 8.11.3.2.3(a) (2004)]
2. The operation of the elevator under fire and other emergency conditions shall be tested to determine conformance with the applicable requirements.

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

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.2.2.6 ; Req. 8.11.3.2.3(e) (2004)]
3. The closing forces of the power operated hoistway doors shall be tested to determine conformance with the applicable requirements.

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

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.2.2.8 ; Req. 8.11.3.2.3(g) (2004)]
4. The relief valve setting shall be tested to determine conformance with the applicable requirements. It shall be sealed if the relief valve setting is altered or if the seal is broken.

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

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.1 (2004)]
5. The terminal speed reducing device(s) shall be tested to determine conformance with the applicable requirements.

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

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.3(h) (2004)]
6. The cylinder shall be tested to determine conformance with the applicable requirements. This test shall be performed after the relief valve setting and system pressure test is successfully completed.

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

NOTE: A17.2 gives a guide for performing this test to ensure code compliance.
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.3.2.2 (2004)]
7. The low oil protection operation shall be tested to determine conformance with the applicable requirements.

ORDER PROHIBITING USE

October 9, 2023

Elevator # 162178

Address: 900 Fallon St, Oakland

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

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

8. A metal test tag shall be installed in the machine room with the test date, the requirement number(s) requiring the test and the name of the person or firm performing the test for all 1, 3 and 5 year testing requirements. The Division shall be notified in writing as to the date and time the test will be conducted. subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.1.6 (2004)]
9. The emergency battery lowering device shall be tested for proper operation under all six (6) conditions listed in Circular Letter E-01-03. California Labor Code subsection 7318 : [Ref. Circular Letter E-01-03]
10. The access key(s) for the elevator machine room and/or machinery space(s) shall be kept in the elevator pit. The key(s) shall be properly identified, located near the pit stop switch and shall be accessible from the pit access door. In buildings with banks of multiple elevators, the key(s) shall be kept in the pit of the elevator with the lowest state identification number. subsection 3141 : [REF. ASME 17.1 Req. 8.1.1.1(c) (2004)]
11. The telephone in the elevator shall be made to operate as intended. (BREAKS UP, CANNOT UNDERSTAND) subsection 3141.7 : [REF. ASME 17.1 Req. 2.27.1 ; Req. 3.27 (2004)]
12. The elevator car lighting shall be repaired, so that a minimum of two lamps or bulbs providing not less than 5 fc of illumination at the elevator threshold with the doors closed is provided. subsection 3141.7 : [REF. ASME 17.1 Req. 2.14.7 ; Req. 3.14 (2004)]

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

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf

Elevator Unit Field Report

State of California DIR/DOSH

4H

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input checked="" type="checkbox"/> State	Office-ID: 04	Elevator Number: 162178
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> Temp. Construction <input type="checkbox"/> 2 Year <input type="checkbox"/> Other		No Permit Until Reinspect <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure <input type="checkbox"/>	Req.'s	Inspection Time: . 75 Hrs	Inspection Fee: \$ 00 .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: XXXXXXXXXX	Alt. Phone:
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID:
		Elevator Company Office location (City):

EV Data

11	Elevator Model: SAME	Controller Model: EC H900	Install Group: IV	Alteration Group:	Alteration date:		
12	Governor Model: XXXXXX	Safety Model: XXXXXX	Battery Rescue: YES	Cab Flooring: Tile 02	Cab Walls: Raised P-lam 02	Cab Ceiling: Drop Ceil 02	5 Year Check:
13	Access Keys: GG101	Rupture Valve: OK	Speed: 125	Capacity: 2500	No. of landings: 2	Class: 00	

Escalator Data

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

Comments / Notes

YELLOW TAGGED - NON PAYMENT

Show Cause	Tag Order	Validation
------------	-----------	------------

RECEIVED

NOV 16 2023

DOSH / EV UNIT, OAKLAND OFFICE



Page ____ Of ____

CONVEYANCE LOCATION

Address: 900 Fallon Street

Inspection Date:

City: Oakland

Zip:

State No: 162179

ONLY ONE CONVEYANCE PER FORM

REQUIREMENT(S) COMPLETED

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

Req. # 1	Solution: The normal and final terminal stopping devices has been tested and passed.	CCCM#: M68479
Req. # 2	Solution:	CCCM#:
Req. # 3	Solution: The closing forces of the power operated hoistway doors have been tested and passed	CCCM#: M68479
Req. # 4	Solution: The relief valve has been tested and passed.	CCCM#: M68479
Req. # 5	Solution: The terminal speed reducing device(s) have been tested and passed n	CCCM#: M68479
Req. # 6	Solution: The cylinder has been tested and passed.	CCCM#: M68479
Req. # 7	Solution: The low oil protection operation has been tested and passed.	CCCM#: M68479
Req. # 8	Solution: The tag has been attached as required.	CCCM#: M68479
Req. # 9	Solution: The emergency battery lowering device has been tested and working properly	CCCM#: M68479
Req. # 10	Solution:	CCCM#:
Req. #	Solution:	CCCM#:

SIGNATURES

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

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

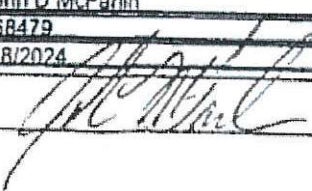
**State of California
Department of Industrial Relations
Periodic Elevator Test Form**

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

Building Address <i>700 Fallon St Oakland</i>		Type of Driving Machine (circle one)		
State ID # <i>162179</i>	Date of Testing <i>11-14-2023</i>	<input checked="" 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
		<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
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	P		
Overspeed Valve	P		
Cylinder	P		
Normal Terminal Stopping Device	P		
Terminal Speed Reducing Device	P		
Governors			
Safeties			
Oil Buffers			
Firefighters, Emergency Operation			
Standby and Emergency Power Operation			
Power Operation of Door System	P		
Low Oil Protection Operation (Group IV Only)	P		
Flexible Hose and Fitting Assemblies			
Pressure Switch			
Slack Rope Device (Group III Only)			
Plunger Engaging Safety Device			
Unexposed Portions of Pistons	N/A		
Coated Ropes	N/A	N/A	
Wire Rope Fastenings	N/A	N/A	

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



Oakland District Office
 1115 Clay Street, Suite 1301
 Oakland, CA 94612
 Phone: 510.622.3026
 Fax: 510.622.3345
 May 20, 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 I:19684520A within
 60 days from its issuance to avoid a
 100% penalty assessment. All fees are
 due IMMEDIATELY upon receipt of the
 invoice.

DIR007007 1 18006223062000000010020

A survey of your Passenger, Hydroelectric, EV 1, State Number 162179 located at 900 Fallon St, Oakland was made on May 16, 2023 by EU Engineer, J. Fernandez Person Contacted FERNANDO Compliance date July 17, 2023

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

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

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

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

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

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

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

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

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

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

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

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

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

Department of
 Peralta Community College District

JUN 07 2023

Preliminary Notice

Elevator # 162179

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

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

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

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

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

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

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

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

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

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

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

9. The emergency battery lowering device shall be tested for proper operation under all six (6) conditions listed in Circular Letter E-01-03. California Labor Code subsection 7318 [Ref. Circular Letter E-01-03]

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

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

Farber, Tina@DIR

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

CAUTION: [External Email]

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

Hello,

Please see attached.

Items pending

154829 – item 2 fire and item 10 access key

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

162179- item 2 fire and item 10 access key

Best regards,

Lynne Garcia
Service Coordinator-East Bay
Bay Area Branch 380

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



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Please consider the environment before printing this email

Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> State	Office-ID: 04	Elevator Number: 162179
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 Year <input type="checkbox"/> 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	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: EC H900	Install Group: IV	Alteration Group:	Alteration date: 2/2013		
12	Governor Model: XXXXX	Safety Model: XXXXX	Battery Rescue: YES	Cab Flooring: Tile 02	Cab Walls: Raised P-lam 02	Cab Ceiling: Drop Ceil 02	5 Year Check:
13	Access Keys: GG101	Rupture Valve: OK	Speed: 125	Capacity: 2500	No. of landings: 2	Class:	

Escalator Data

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

Comments / Notes

RED TAGGED- NON COMPLIANCE

Show Cause	Tag Order	Validation

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

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

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

ORDER PROHIBITING USE

October 9, 2023

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

Upon an inspection and/or investigation on May 16, 2023, the Division has determined that Passenger, Hydroelectric, EV 1, State Number 162179, located at 900 Fallon St, Oakland, is not in compliance with Title 8, Elevator Safety Orders, and is being operated without a valid permit.

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

NOTICE OF HEARING

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

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

DECLARATION OF SERVICE

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 D-I

D. Henderson, Senior EU Engineer

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

Inspector: T. Fernandez
continued on next page

Elevator # 162179

Address: 900 Fallon St, Oakland

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ORDER PROHIBITING USE
October 9, 2023

Elevator # 162179

Address: 900 Fallon St, Oakland

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

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

8. A metal test tag shall be installed in the machine room with the test date, the requirement number(s) requiring the test and the name of the person or firm performing the test for all 1, 3 and 5 year testing requirements. The Division shall be notified in writing as to the date and time the test will be conducted.
subsection 3141.6 : [REF. ASME 17.1 Req. 8.11.1.6 (2004)]
9. The emergency battery lowering device shall be tested for proper operation under all six (6) conditions listed in Circular Letter E-01-03. California Labor Code subsection 7318 : [Ref. Circular Letter E-01-03]
10. The access key(s) for the elevator machine room and/or machinery space(s) shall be kept in the elevator pit. The key(s) shall be properly identified, located near the pit stop switch and shall be accessible from the pit access door. In buildings with banks of multiple elevators, the key(s) shall be kept in the pit of the elevator with the lowest state identification number. subsection 3141 : [REF. ASME 17.1 Req. 8.1.1.1(c) (2004)]

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

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



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: 162179
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 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

Red & Yellow Tagged

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

Escalator Data

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

Comments / Notes

YELLOW TAGGED- NON PAYMENT

Show Cause	Tag Order	Validation
		<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 type="checkbox"/> County <input type="checkbox"/> State	Office-ID: 04	Elevator Number: 184043
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 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: .75 Hrs	Inspection Fee: \$ 225 .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: GEN HY-US	Install Group: IV	Alteration Group:	Alteration date:		
12	Governor Model: XXXXXX	Safety Model: XXXXXXX	Battery Rescue: N	Cab Flooring: Wood 03	Cab Walls: Other 08	Cab Ceiling: None 00	5 Year Check:
13	Access Keys:	Rupture Valve: N/A	Speed: 17	Capacity: 750	No. of landings: 2	Class: 15	

Escalator Data

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

Comments / Notes

YELLOW TAGGED- NON PAYMENT
5/14/23

Show Cause	Tag Order	Validation 2012341
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Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> State	Office-ID: 04	Elevator Number: 184043
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> Temp. Construction <input type="checkbox"/> 2 Year <input type="checkbox"/> Other		No Permit Until Reinspect <input type="checkbox"/>	Release Permit: <input type="checkbox"/>
4	Safety Requirements: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure <input type="checkbox"/>	Req.'s	Inspection Time: .75 Hrs	Inspection Fee: \$.00	

Site Contact

5	Recommendations Explained To: (Name) FERNANDO	Position: MAINT
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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: GEN HY-US	Install Group: IV	Alteration Group:	Alteration date:		
12	Governor Model: XXXXX	Safety Model: XXXXXXX	Battery Rescue: N	Cab Flooring: Wood 03	Cab Walls: Other 08	Cab Ceiling: None 00	5 Year Check:
13	Access Keys:	Rupture Valve: N/A	Speed: 17	Capacity: 750	No. of landings: 2	Class: 15	

Escalator Data

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

Comments / Notes

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

ORDER PROHIBITING USE

October 9, 2023

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

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

Upon an inspection and/or investigation on May 16, 2023, the Division has determined that Wheelchair, Roped Hydro, WCL, State Number 184043, located at 900 Fallon St, Oakland, is not in compliance with Title 8, Elevator Safety Orders, and is being operated without a valid permit.

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

NOTICE OF HEARING

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

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

DECLARATION OF SERVICE

Declaration of Service _____
 Copy Left With: Melva
 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 # 184043

Address: 900 Fallon St, Oakland

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

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

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

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

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf