

Elevator Unit Field Report

State of California DIR/DOSH

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

Site Contact

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

EV Data

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

Escalator Data

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

Comments / Notes

R1 sleeves 05, Attached

Show Cause	Tag Order	Validation
		2012472



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

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

**PRELIMINARY
ORDER**

November 17, 2023

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

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

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

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

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

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

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

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

Dave Henderson, Senior Safety Engineer

/tf

Elevator Unit Field Report

State of California DIR/DOSH

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

Site Contact

5	Recommendations Explained To: (Name) FERNANDO	Position: MAINT
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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	Zip: 94606	
9	Prime Phone: [REDACTED]	Alt. Phone:
9	Email:	
10	Elevator Company: <input type="checkbox"/> Send Invoice	Company ID:
10	Elevator Company Office location (City):	

EV Data

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

Escalator Data

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

Comments / Notes

R1 WAS COMPLETED

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

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

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

ORDER PROHIBITING USE

October 9, 2023

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

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

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

NOTICE OF HEARING

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

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

DECLARATION OF SERVICE

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

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

[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 # 051536

Address: 900 Fallon St, Oakland

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

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

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

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf



RECEIVED
 NOV 16 2023

DOSH / EV UNIT, OAKLAND OFFICE

Page ____ Of ____

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

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

[Handwritten signature]



Oakland District Office
 1519 Clay Street, Suite 1301
 Oakland, CA 94612
 Phone: 510.622.8026
 Fax: 510.622.8045
 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 E19684610A within 60 days from its issuance to avoid a 100% penalty assessment. All fees are due IMMEDIATELY upon receipt of the invoice



A survey of your Passenger, Overhead Traction, EV 2, State Number 050152 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.

DIR070ER_1_10000200000000000000000000000000

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

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

Department of General Services
 Peralta Community College District

JUN 07 2023

Farber, Tina@DIR

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

CAUTION: [External Email]

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

Hello,

Please see attached. Items pending below.

050152- item 1 telephone

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

070722- item 3 telephone

Best regards,

Lynne Garcia
Service Coordinator-East Bay
Bay Area Branch 380

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



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Please consider the environment before printing this email

Elevator Unit Field Report

State of California DIR/DOSH

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

Site Contact

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

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

EV Data


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

Escalator Data

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

Comments / Notes

RED TAGGED- NON COMPLIANCE

Show Cause	Tag Order	Validation
		

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

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

NOTICE OF HEARING

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

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

DECLARATION OF SERVICE

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

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

[Signature] FOR DH

D. Henderson, Senior EU Engineer

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

Inspector: T. Fernandez
 continued on next page

ORDER PROHIBITING USE
October 9, 2023

Elevator # 050152

Address: 900 Fallon St, Oakland

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

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

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

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



Dan Barker
Lead Senior Safety Engineer
Elevator Unit

/tf

Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/23	Inspectors ID: TF427	Agency	<input checked="" type="checkbox"/> Private <input type="checkbox"/> City	<input type="checkbox"/> County <input checked="" type="checkbox"/> State	Office-ID: 04	Elevator Number: 050152
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 05	Permit <input 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: \$ 0 .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: MONTGOMERY	Install Group: II	Alteration Group:	Alteration date:
12	Governor Model: SAME	Safety Model: SAME	Battery Rescue:	Cab Flooring: Other 06	Cab Walls: Stainless steel 03
				Cab Ceiling: T-bar 01	5 Year Check:
13	Access Keys: EX514	Rupture Valve: N/A	Speed: 350	Capacity: 2500	No. of landings: 10
					Class: 00

Escalator Data

14	Escalator Model:	Controller Model:	Install Group:	Alteration Group:	Alteration date:
15	Upper Impact	Right:	Center:	Left:	Vertical:
					Missing Step:
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

Elevator Unit Field Report

State of California DIR/DOSH

1	Date of Inspection: 10/31/2023	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: 050152
2	Location address: 900 FALLON ST		City: OAKLAND	Zip: 94607	Building Name: LANEY COLLEGE		
3	Elevator Service Co.: KONE	Company ID: 316	Survey Type: 07 & 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 type="checkbox"/> No <input type="checkbox"/> Yes	Number Of Req's	Alternate Procedure <input type="checkbox"/>	Req. s	Inspection Time: 2.0 Hrs	Inspection Fee: \$ 450 .00	

Site Contact

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

Responsible Party Information

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

EV Data

11	Elevator Model: SAME	Controller Model: SAME	Install Group: II	Alteration Group: IV	Alteration date:		
12	Governor Model: SAME	Safety Model: SAME	Battery Rescue: <input type="checkbox"/> yes <input type="checkbox"/> no	Cab Flooring:	Cab Walls:	Cab Ceiling:	5 Year Check:
13	Access Keys:	Rupture Valve:	Speed: 350	Capacity: 2500	No. of landings: 10	Class: 00	

Escalator Data

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

Comments / Notes

NEW DOOR OPERATOR	Passed MOD
	Red Tagged For Non Compliance.
	Outstanding Invoice For \$1350 Yellow Tagged

Show Cause	Tag Order	Validation
		2012342

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

Elevator Number
050152

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

Machine Room

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

Machine Room Cont.

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

Pit

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

Pit Cont.

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

Car Interior

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

Fire Service

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

Notes: GAL MOVFR - DOOR OPERATOR

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



REQUEST FOR INSPECTION NEW INSTALL OR MODERNIZATION

TODAY'S DATE: 10/18/23

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

LOCATION

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

REQUESTOR

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

REQUESTED DATE FOR INSPECTION: 10/19/23

EQUIPMENT INFORMATION 2 # UNITS DUPLEX

Type of Equipment: Kone Installation Group Number: 2

Variance # (If applicable): _____ State Number (If Issued): 050152

TYPE OF INSPECTION REQUESTED

NEW MODERNIZATION Re-INSPECT

IS THE GENERAL CONTRACTOR 100% READY FOR INSPECTION? YES NO
IS THE ELEVATOR COMPANY 100% READY FOR INSPECTION? YES NO
HAS ALL FLS TESTING BEEN PERFORMED BY CQCC & FIRE ALARM COMPANY? YES NO

This section is for DIR use:

ASSIGNED TO: Tony Fernandez

DATE OF INSPECTION: 10/31/23 TIME: 7am
 MON TUE WED THU FRI

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



ALTERATION INTENT TO INSTALL FORM

Today's date 10/18/2023

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

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

Address of Alteration of Elevator:

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

Building Name: Laney College Tower

Number of Units: 1

Permitted California Electrical Code of Record: CEC 2016

Controller model: Kone

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

California State ID Number 50152

Check one

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

Check one

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

Complete

- Rated Load 2500
Rated speed 350
Rise
Control type

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

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

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

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

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



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California State ID Number 50152

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

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

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

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

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