Manitoba
Inspection and Technical Services
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Application for Installation of New or Altered Elevating Device (Drawing and Design Specifications)

The Technical Safety Act

ITS-ED Form 01

Please Print All Information. *All sections of this form must be fully completed with accurate information. Incomplete applications will not be processed, and construction may not begin until issued an Installation Permit.*

◯ **New Installation** ◯ **Alteration**

LOCATION INFORMATION: *Physical location of elevator*		
Building Name:		
Building Address:		
Contact Name:	**Phone:**	**Email:**
OWNER INFORMATION: *The name and address of the entity and/or agent acting on their behalf*		
Name of Building Owner:		**Owner's Eqpt. ID#:**
Mailing Address:		
Contact Name:	**Phone:**	**Email:**
BILLING INFORMATION: *The name and address of the entity and/or agent acting on their behalf*		
Billing Name:		
Billing Address:		
Contact Name:	**Phone:**	**Email:**
Installation/Alteration Company Name: *Initial invoice(s) and certificate will be mailed to the installer*		

EQUIPMENT INFORMATION: *See also "Other Elevating Device Specific Information" section below.*

Class of Elevating Device: *See Note 1 on Page 2*

Type of Elevating Device: *See Note 2 on Page 2*

# of Floors: **# of Openings:** **Capacity (lbs/kg):**

Emergency Power Operation (non auxiliary lowering): ◯ Yes ◯ No
Firefighters Emergency Operation: ◯ Yes ◯ No
FEO Main Recall Floor Level:
Alternative Recall Floor Level:

Controller Manufacturer: **Controller Model:** **Serial #:**
Type of motion control (B44 Devices Only) **Type of Operation Control:**

Machine Manufacturer: **Machine Model:** **Serial #:**

List all authenticated drawings and supporting documentation submitted by registered eng'g professionals in support of this application: *Attach add'l info as req'd.*

List of Alterations signed by registered eng'g professionals in support of this application: *Attach add'l info as req'd.*
Provide a clear description of the scope of the proposed alteration. B44 Device Alteration Applications must list all applicable clauses of section 8.7. Submitted drawings and/or specifications are permitted to be limited to the extent of the proposed alteration. Changes observed during the inspection that are not included in the Scope of Work will require resubmission and may result in termination of the inspection.

Alterations (B44 Devices only):
Existing Motion Control Type: **Existing Operation Control Type:** **Existing FEO:** ◯ Yes ◯ No

Indicate if this is a resubmission: ◯ Yes ◯ No *Attach add'l info as req'd.*
If plans are revised after an Installation permit issued, you are required to resubmit the updated plans and provide a clear, itemized list of all changes. All changes must be explicitly identified on the drawings or in a separate summary to ensure compliance verification and prevent delays in approval.

Variance Information: Is a variance being applied to this application? ◯ Yes ◯ No
See ITS Bulletin 26-007 Applications for Variance, If yes, please attach *ITS ES Form-012 Application for Variance* with your submission.

Applicable Code Information Identify the Code used for New Installation or Alterations in this application: For Alterations, identify the code used at the time of the initial installation:	**I hereby declare:** – The elevator installation shall conform to the Technical Safety Act and Regulation and all other applicable codes and is entirely the responsibility of the owner and/or contractor. Inspection and Technical Services assumes no responsibility by registering designs, examining the plans and/or inspecting the equipment, facility or installation. – All phases of construction affecting the elevator shall be completed before the final inspection is requested. – The electrical installation shall conform to CSA C22.1. – A final, approved inspection is required prior to public use. **Date Signed:** **Applicant's Signature:**

INSPECTION AND TECHNICAL SERVICES OFFICE USE ONLY			
Received (YYYY/MM/DD)	Drawing Approved (YYYY/MM/DD)	Installation Permit Fee:	
Location #:	Owner #:	Billing #:	Elevator #:

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OTHER ELEVATING DEVICE SPECIFIC INFORMATION: *Required for both New and Altered, Reused equipment shall be specified on the scope of work document*

Unit Information:
Signal Device: **Manufacturer:** **Drive Type:**
Travel, ft (m): **Capacity, lbs (kg):** **Speed, f/s (m/s):**

Machine Room:
Machine Model: **Controller Type/Model:** **Software version:**
Motor Voltage: **Horsepower:** **Type of Interlocks:**
MR Location: **Control Room Location:** **Type of Operation Control:**

Governor Safeties:
Governor Location: **Safety Devices:** **Speed Set At:** **Rope Size:**
Speed Governor: **Sheave Dia.:** **Speed of Car:** **Model:**
If Other, please specify: **Rope Type/Material:** **CWT Safety Type:**

Hydraulic Specifications:
Cylinder Protection: **Hydraulic System Details:** **Aux. Lowering:** ◯ Yes ◯ No
If Other, please specify: **Plunger Dia.:** **Working Pressure (psi):**
Hydraulic Cylinder: **Oil Line:** **Flexible Connection:** ◯ Yes ◯ No **Oil Cooling System:** ◯ Yes ◯ No

Hoistway Information:
Hoistway Access: ◯ Yes ◯ No **No. of Hoisting Ropes:**
Size: **Material/Type:**
Type of Buffer:

Suspension Means: ◯ 1:1 ◯ 2:1 **No. of Compensating:**
Size: **Material/Type:**
Sling Type: ◯ Over-slung ◯ Under-slung

B335 Lifts: Aux Lowering Operation: ◯ Yes ◯ No

Escalator/Moving Walk: Rise: **Step Width:** **Balustrade Type:** ◯ Glass ◯ Metal **Open Well-way:** ◯ Yes ◯ No

NOTES

Note 1: Class of Elevating Devices	Note 2: Type of Elevating Devices	Adopted Codes
Passenger Elevator	1) Electric/ Electric LULA/ Electric MRL 2) Hydraulic/ Hydraulic LULA/ Hydraulic MRL/ Roped Hydraulic 3) Winding Drum	CSA B44 Safety Codes for Elevators and Escalators
Freight Elevator 1) Class A Loading 2) Class B Loading 3) Class C1 Loading 4) Class C2 Loading 5) Class C3 Loading	1) Electric/ Electric MRL 2) Hydraulic/ Hydraulic MRL/ Roped Hydraulic 3) Winding Drum	CSA B44 Safety Codes for Elevators and Escalators
Material Lift (Freight Platform Lifts)	1) Type A 2) Type B	CSA B44 Safety Codes for Elevators and Escalators
Dumbwaiter, Inclined Lift, Escalator, Moving Walk	N/A	CSA B44 Safety Codes for Elevators and Escalators
Platform Lifts and Stair Lifts for Barrier-free Access	1) Vertical Enclosed 2) Vertical Unenclosed 3) Stair Platform 4) Stair Chair	CSA B355 Platform lifts and stair lifts for barrier-free access
Manlift	1) Power Type 2) Endless Belt Type	CSA B311 Safety Code for Manlifts
Passenger Ropeways and Passenger Conveyors	1) Passenger Ropeways 2) Passenger Conveyors	CSA Z98 Passenger ropeways and passenger conveyors
Personnel Hoists	N/A	CSA Z185 Safety code for personnel hoists

Note 3: Make fees payable to: **Minister of Finance**

Note 4: For guidance, please utilize the ITS ED Form 04 - Pre-Inspection Checklist for Elevating Devices.

Note 5: If you want an elevator to be used prior to public use please see ITS 24-001 Limited Use of Elevators During Construction

Note 6: How To Book Inspections

Email ITSEDintake@gov.mb.ca with subject line: *Installation Inspection for Address* and include the following:

- **ITS ED Form 02 - Electric Elevator Data Sheet Checklist, or**
- **ITS ED Form 03 - Hydraulic Elevator Data Sheet Checklist, and**
- **ITS ED Form 04 - Pre-Inspection Checklist for Elevating Devices**