

Elevator Inspection

Identification

Name: Hard Rock Hotel & Casino
 Address: 1000 Boardwalk
 City/State/Zip: Atlantic City N.J.
 08401
 If FA, Permit No.:
 Block #: 61 Lot #: 7
 Year Built: 1989

SCORES CAR

Date: April 27, 2021
 BLDG.REG #: 0102-00159-001
 Elevator #: S-37
 Capacity: 4000 lbs STOPS: 2
 5 Year. Test:
 MFGR.: ESCO Orig. Code: 1981

Type of Inspection/test

FA: 1Yr: XX Alteration:
 6Mo: 5Yr: Passenger: XX
 3Yr: Re-inspection Freight:
 Traction: Rope/H: Hydro: X
 Certification Expires: April 30, 2022

Cont. Mod. Year:

A. MACHINE ROOM & MACHINE ROOM EQUIPMENT	S	U	NA	
1. Enclosure/Lighting/Vents	X			
2. Machine/Brake/Gears/Motor			X	
3. Hydro Power Motor Unit	X			
4. Motor Generator Set/SCR Drive			X	
5. Controller/Selector	X			
6. Governor(s)			X	
7. Relief & Check Valves	X			
8. Required Disconnects	X			
9. Oil/Hydro Fluid, Leaks, Level	X			
10. Hydro Fluid Hoses or Pipe	X			
11. Seals, Plates, Labels, Unit ID, Tags, Signs	X			
12. Routine Maintenance	X			
13.				
B. ELEVATOR CAR AND COUNTERWEIGHT				
1. Car Enclosure/Platform/Sling/Flooring	X			
2. Guide Shoes/Rollers	X			
3. Car Gate/Door/Accessories/Car Door Reopening Device(s)	X			
4. Car Gate or Door Operator	X			
5. Car Lighting/Standard & Emergency		X		Repair car Lights
6. Rope Hitches/Platen Hitch	X			
7. Top-of-Car Operating Station/Stop Switch	X			
8. Car Operating Station/Stop Switch/Indicators	X			
9. Emergency Signals & Communication	X			
10. Emergency Exits/Top/Side	X			
11. Safeties & Accessories	X			
12. Seals, Plates, Labels, Unit ID, Tags, Signs	X			
13. Firefighter Service PHI & II	X			
14. Counterweight/Car & Counterweight Sheaves			X	
15. Routine Maintenance	X			
16.				
C. HOISTWAY, HOISTWAY ENTRANCES AND PIT				
1. Enclosure	X			
2. Door, Closers & Accessories	X			
3. Door Interlocks/Emergency Key/Access Keys	X			
4. Guide Rails: Main & Counterweight	X			
5. Switches and Cams	X			
6. Pit/Stop Switch/Light/Ladder	X			
7. Counterweight Guard			X	
8. Buffers: Spring or Oil	X			2 Spring Buffers
9. Ropes: Hoist, Governor, Counterweight, Compensating, Tail			X	
10. Traveling Cable and Wiring	X			
11. Plunger, Cylinder and Gland	X			
12. Governor Rope Tension Sheave & Assembly			X	
13. Compensating Sheave or Chain			X	

14. Clearances and Runby	X			
15. Seals, Plates, Labels, Tags	X			
16. Hall Station/Hall Position Indicator (if required), Hall Lantern	X			
17. Routine Maintenance	X			
18.				
D. ESCALATOR/MOVING WALKS (Device Type)			X	
1. Stair Treads/Comb Plates			X	
2. Balustrade/Handrails			X	
3. Shear Points Protection			X	
4. Emergency Stop Switches			X	
5. Steps, Rollers & Tracks			X	
6. Chains & Sprockets			X	
7. Safety Devices			X	
8. Kiosk/Wellway/Safety Zone			X	
9. Clearances			X	
10. Protection of Trusses & Machinery Space (Fire)			X	
11. Skirt & Steps Clearance			X	
12. Machinery Access Space & Lighting			X	
13. Escalator Brakes			X	
14. Machine/Brakes/Gears/Motor			X	
15. Starting & Switches			X	
16. Speed Governor			X	
17. Rolling Shutter Device			X	
18. Signs, Seals, Planks, Labels, Unit ID, Tags			X	
19. Step Lighting			X	
20. Required Disconnect			X	
21. Routine Maintenance			X	
22. Tests				
23.				
E. TESTS: TRACTION ELEVATOR DEVICES (Pass or Fail)			X	
1. Device Number			X	
2. Car Rated Speed			X	
3. Overspeed Switch			X	
4. Tripping Speed			X	
5. Capacity			X	
HYDRO ELEVATOR DEVICES (Pass or Fail)				
1. Car Registration Number S-37	X			
2. Working Pressure 440	X			
3. Relief Pressure 480	X			
4. Capacity 3500	X			
5. Tags	X			
F. APPLICABLE CODES A17.1--1981	X			
ACTION TAKEN				
1. Device Number S-37	X			
2. Recommended Type of Certification (Cyclical Inspections Only)				TCC
3. Removed from Operation				

Note: When unsatisfactory conditions are noted, see "Notice" attached.

Robert Quaile, #8626
Inspector's Name (print) and License No.

Robert Quaile
Inspector's Signature

Sub Code's Signature

City of Atlantic City
LICENSE & INSPECTIONS
DIVISION OF CONSTRUCTION
ELEVATOR SAFETY UNIT

Notice of Violation and Order to Terminate

Date: April 27, 2021

Inspector Robert Quaile
Device Registration #: 0102-00159-001

Owner Name: Hard Rock Hotel & Casino
Owner Address: 1000 Boardwalk N.J.
Atlantic City, 08401

Project Location: Same

Name of Person, Contractor/Maintenance Co. Performing Tests: SCHINDLER ELEVATOR CO.

Be advised that during today's inspection/test, the following irregularities/non-conformances/violations were noted, and you are Required to ensure that they be corrected before : April 30, 2022

Unit ID S-37

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(X) The elevator device may be operated during repairs/corrections

() The elevator device is locked out until the repairs/corrections are satisfactorily completed, the device is reinspected, and applicable certificate is received

Penalty Item	Repeat Item	ASME A17.1-1981	BOCA	NJAC 5:23-2009
		B-5: Repair car lights and car Emergency Lights. A17.1 Rule 204.7a		

****A PENALTY ITEM INDICATES THAT A VIOLATION IS IN PENALTY. A REPEAT ITEM INDICATES THE AMOUNT OF TIMES A VIOLATION HAS BEEN REPEATED. FAILURE TO COMPLY WITH THIS ORDER WILL SUBJECT YOU TO A PENALTY OF \$500 TO \$2000 PER VIOLATION.****

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the County of Atlantic, within 20 business days of the receipt of these orders. The Application to the Construction Board of Appeals may be used for this purpose. Your application for you appeal must be in writing, stating your name and address, the address of the violation, the specific reason for your appeal and the nature of the relief sought by you. Forward to Board of Appeals, 1333 Atlantic Ave. 8th floor, Atlantic City, NJ 08401

When work to abate the violations requires a construction permit, the owner is responsible for securing such a permit. Maintenance violation (Part 12) can be found in the newest adopted code.

If you have any questions concerning this matter, please call the Elevator Safety Unit at (609) 347-6126.

Our mailing address is:

City of Atlantic City, Division of Construction, Elevator Safety,
1301 Bacharach Blvd.
Atlantic City, NJ 08401

SIGNATURE OF SUBCODE OFFICIAL _____