

PROJECT MANAGEMENT CHECKLIST
Emergency Elevator Communication System

Building Name _____

Address _____

Contractor _____ **Contact** _____ **Tel** _____

Owner / Prop Mgr _____ **Contact** _____ **Tel** _____

EMERGENCY TELEPHONES

Brand _____ **Model** _____ **# of Phones** _____

Company installing the telephones _____

Warranty on equipment _____

Do these phones meet local requirements? (See Webb Inspection Report for suggested operating criteria) _____

Does fixture manufacturer have mounting details for the phone? _____

Scheduled installation date(s) _____

ON SITE RESCUE STATION

Is an on site rescue station required so emergency personnel can communicate with the elevators? _____

Brand (should be same as phone): _____ **Model:** _____ **Location:** _____

Company installing the Rescue Station (It is recommended that this be same company that is installing phones)

Warranty on equipment _____

Estimated installation date _____

Does system need to ring at rescue station first, then transfer to permanently staffed location? _____

If so, how many rings before call is transferred to permanently staffed location _____

Are there any other locations on site where a remote handset should be installed which will operate in parallel with the Rescue Station handset? _____

Are there any machine room telephones required? _____

For larger buildings, can the system be expanded to manage all of the elevator telephones? _____

If so, where will the expansion equipment be located? _____

BUILDING WIRING

Who is responsible for provision of system wiring? (owner, elevator co, etc) _____

Contractor(s) doing the wiring _____

Scheduled installation date _____

Type of wire recommended by manufacturer _____

MONITORING

Who is providing 24 hour monitoring? _____

Who is setting up the monitoring contract, if one is required? _____

If calls are going off site, is a dedicated phone line being provided? _____

If so, who is responsible for ordering the line? _____

Date for telephone line to be installed _____

If an existing site line is to be shared, what is the line presently being used for? _____

What is the telephone number of line to be shared? _____

Contractor to be installing line sharing equipment, if required _____

Do you wish to activate the self-diagnostic function? (Webbphones only) _____

If so, who is responsible for providing information to service provider? _____

NOTES

