

PHONE: 540-987-3111 Lifting and Lowering Devices Inspection Form FORM #501	Central Elevator Inspection Services II, LLC P.O. Box 102 Boston VA 22713 www.central-elevator.com	FAX: 888-391-9437 EV # 000 <u>3578</u>
Company Name: American Public University		Contact Person: Mel Dilley
Mailing Address: 111 W Congress St		Telephone: (304) 885-5299
City: Charles Town	State: WV	Zip: 25414
County: Jefferson		
Maintenance Company Name: TK Elevator		
<i>At the time of inspection the following conditions were observed.</i> <i>Repairs shall be made per West Virginia Code §21-3C</i>		
Device Information		
Serial No#: 20329094		Type of test performed today:
Location Name: 393 N Lawrence St		<input type="checkbox"/> 5 Year Full Load
Type: Passenger Traction		<input checked="" type="checkbox"/> Annual No Load Test
Make: Kone		<input type="checkbox"/> Annual Pressure Test
Capacity: <u>4000</u> Landings: <u>2</u>		
Installed: 2012 Modified:		<input checked="" type="checkbox"/> 01 Compliant <input type="checkbox"/> 02 Repairs Ordered <input type="checkbox"/> 03 Rejected
A.18.1	A.17.1 2013	A.17.2
<i>All Non-Compliant Check Marks Are To Be Explained Below</i>		
Applicable Code Reference		
No violations as of this date		

Additional Comments:
 FULL,LOADS DUE 2027

If Rejected:

PER WEST VIRGINIA CODE §42-21-6.3 YOU HAVE 20 DAYS TO APPEAL THIS REPORT

SIGNATURE OF PERSON RECEIVING FORM: Signature unavailable DATE: 01/25/24
 INSPECTOR'S SIGNATURE: Rob Thornhill WV NUMBER: 77 DATE: 01/25/24

04/26/16 update

Registration Number: EV000 3578	ELEVATOR SAFETY SECTION WEST VIRGINIA DIVISION OF LABOR STATE CAPITOL COMPLEX BUILDING 6, ROOM 749-B CHARLESTON, WEST VIRGINIA 25305	QEI Inspector WV Number: E104/ WV77																								
Safety Tests Report <i>After completing this form on site, please forward it to the above listed address.</i> <i>All tests are to be performed in accordance with the requirements of the ASME safety code for</i> <i>for Elevators, Dumbwaiters, Escalators, and Platform Lifts (A17.1,A17.2,A18.1 current adopted code.)</i>																										
Site Data	Site Name American Public University																									
	Site Street Address 393 N Lawrence St	Site County Jefferson																								
	Site City Charles Town	Zip Code 25414																								
	Date of Test 01/25/2024																									
	Site Telephone No. 304-885-5299																									
	Installer / Manufacturer Kone																									
General Data	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> Unit Class <input checked="" type="checkbox"/> Pass. <input type="checkbox"/> Frght. <input type="checkbox"/> Escalator <input type="checkbox"/> DW. <input type="checkbox"/> Other </td> <td colspan="2"> Emergency Standby Power Tested <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA </td> </tr> <tr> <td colspan="2"> Unit Serial Number 20329094 </td> <td colspan="2"> Fireman Service Tested ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA </td> </tr> <tr> <td colspan="2"> Rated Capacity 4000 Lbs. </td> <td colspan="2"> Type of Rails <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Wood </td> </tr> <tr> <td colspan="2"> Type of Mechanism <input checked="" type="checkbox"/> Traction <input type="checkbox"/> Bsmt. Drum <input type="checkbox"/> Hyd. Roped <input type="checkbox"/> Ceiling Drum <input type="checkbox"/> Hyd. Plunger <input type="checkbox"/> Screw <input type="checkbox"/> Ovh. Drum <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Other _____ </td> <td colspan="2"> Type of Test <input type="checkbox"/> 5Yr. Full Load <input checked="" type="checkbox"/> Annual Gov. <input type="checkbox"/> Relief Valve <input type="checkbox"/> Oil Buffers <input type="checkbox"/> Replace Gov. <input type="checkbox"/> Ct Wgt Safeties <input checked="" type="checkbox"/> Car Safeties <input type="checkbox"/> Other-- </td> </tr> <tr> <td colspan="2"> Car Run By Top Bottom Ft. Ft. In. In. </td> <td colspan="2"> Safety Tested With -- 4000 Lbs. Load </td> </tr> <tr> <td colspan="2"> Safety Tested At -- 200 F.P.M. </td> <td colspan="2"></td> </tr> </table>		Unit Class <input checked="" type="checkbox"/> Pass. <input type="checkbox"/> Frght. <input type="checkbox"/> Escalator <input type="checkbox"/> DW. <input type="checkbox"/> Other		Emergency Standby Power Tested <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		Unit Serial Number 20329094		Fireman Service Tested ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Rated Capacity 4000 Lbs.		Type of Rails <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Wood		Type of Mechanism <input checked="" type="checkbox"/> Traction <input type="checkbox"/> Bsmt. Drum <input type="checkbox"/> Hyd. Roped <input type="checkbox"/> Ceiling Drum <input type="checkbox"/> Hyd. Plunger <input type="checkbox"/> Screw <input type="checkbox"/> Ovh. Drum <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Other _____		Type of Test <input type="checkbox"/> 5Yr. Full Load <input checked="" type="checkbox"/> Annual Gov. <input type="checkbox"/> Relief Valve <input type="checkbox"/> Oil Buffers <input type="checkbox"/> Replace Gov. <input type="checkbox"/> Ct Wgt Safeties <input checked="" type="checkbox"/> Car Safeties <input type="checkbox"/> Other--		Car Run By Top Bottom Ft. Ft. In. In.		Safety Tested With -- 4000 Lbs. Load		Safety Tested At -- 200 F.P.M.			
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I certify that the above test (s) have been performed in accordance with the ASME codes and all applicable seals and tags are in there proper place.																										
Name of Elevator Company TK Elevator		Mechanic's Name Mike Jaskiewicz																								
Mechanic's Signature		Mechanic's License# M688																								
Signature of Witnessing Inspector		WV# 77 Date 01/25/2024																								
FORM #100 Revised Date: 6/1/11																										

CHECKLIST FOR INSPECTION OF ELECTRIC ELEVATORS

GENERAL NOTES:

(a) See ASME A17.2-2014 for detailed Code requirements.

(b) OK = Meets requirements; NG = Insert number to identify comment on back of this Checklist; NA = Not applicable.

EV#: 3578
Serial#: 20329094
Address: American Public University
393 N Lawrence St
Charles Town, WV

☒ Passenger
☐ Freight Class _____

Rated Load: 4000
Speed: 150

- ☐ Routine inspection and test
☒ Periodic inspection and test
☐ Acceptance inspection and test

Code Edition: A17.1 and A17.2

Inspected By: Rob Thornhill

Signature: Rob Thornhill Date: 01/25/2024
QEI No: E104 Certifying Organization: QEITF

	OK	NG	NA		OK	NG	NA
1 INSIDE OF CAR							
1.1 Door Reopening Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.20 Winding Drum Machine and Slack Rope Device, Stop Motion Switch and Rope Fastening	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 Stop Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.21 Belt or Chain Drive Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3 Operating Control Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.22 Motor Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4 Car Floor and Landing Sill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.23 Absorption of Regenerated Power	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.5 Car Lighting and Receptacles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.24 AC Drive from a DC Source	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.6 Car Emergency Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.25 Traction Sheaves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7 Car Door or Gate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.26 Secondary and Deflector Sheaves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8 Door Closing Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.27 Rope Fastenings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9 Power Closing of Doors or Gates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.28 Terminal Stopping Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10 Power Opening of Doors or Gates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.29 Car and Counterweight Safeties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11 Car Vision Panels and Glass Car Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2.40 Maintenance Records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12 Car Enclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.42 Rope Retainers or Restraints for Seismic Risk Zones, Seismic and Displacement Switches, Operation, and Door Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13 Emergency Exit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
1.14 Ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
1.15 Signs and Operating Device Symbols	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
1.16 Rated Load, Platform Area, and Data Plate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3 TOP OF CAR			
1.17 Standby Power Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.1 Top of Car Stop Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.18 Restricted Opening of Car or Hoistway Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.2 Car Top Light and Outlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.19 Car Ride	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.3 Top of Car Operating Device and Working Platforms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.20 Earthquake Inspection and Tests (Seismic Zone 2 or Greater)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3.4 Top of Car Clearance and Refuge Space	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 MACHINE ROOM				3.5 Normal Terminal Stopping Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1 Means of Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.6 Final and Emergency Terminal Stopping Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Headroom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.7 Car Leveling Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Lighting and Receptacles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.8 Top Emergency Exit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Enclosure of Machine Room/Spaces, Control Room/Spaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.9 Floor & Emergency Identification Numbering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.10 Hoistway Construction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.11 Hoistway Smoke Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.12 Pipes, Wiring, and Ducts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Pipes, Wiring, and Ducts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.13 Windows, Projections, Recesses, & Setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9 Guarding of Exposed Auxiliary Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.14 Hoistway Clearances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10 Numbering of Elevators, Machines, Controllers and Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.15 Multiple Hoistways	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.11 Disconnecting Means and Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.16 Traveling Cables and Junction Boxes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12 Controller Wiring, Fuses, Grounding, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.17 Door and Gate Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.13 Governor, Overspeed Switch, and Seal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.18 Frame, Counterweight Guides, and Stiles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.14 Code Data Plate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.19 Guide Rails, Fastening, and Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.15 Circuit Controls, Including Static Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.20 Governor Rope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.16 Machinery Supports and Fastenings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.21 Governor Releasing Carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.17 Braking System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.22 Wire Rope Fastening and Hitch Plate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.18 Drive Machines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.23 Suspension Means	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.19 Gears, Bearings, and Flexible Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.24 Top Counterweight Clearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				3.25 Car, Overhead, and Deflector Sheaves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				3.26 Broken Rope, Chain, or Tape Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECKLIST FOR INSPECTION OF ELECTRIC ELEVATORS (Back)

Serial#: 20329094

	OK	NG	NA		OK	NG	NA
3 TOP OF CAR (Cont'd)							
3.27 Crosshead Data Plate and Rope Data Tags	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.7 Car Frame and Platform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.28 Counterweight and Counterweight Buffer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8 Car and Counterweight Safeties and Guiding Members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.29 Counterweight Safeties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.9 Buffers and Emergency Terminal Speed Limiting Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.33 Compensating Means	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
3.34 Earthquake Inspection and Tests (Seismic Risk Zone 2 or Greater)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5.10 Compensating Chains, Ropes and Sheaves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 OUTSIDE HOISTWAY							
4.1 Car Platform Guard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.16 Earthquake Inspection and Tests (Seismic Risk Zone 2 or Greater)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 Hoistway Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.16.1 Seismic Rope Retainers and Snag Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.3 Vision Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5.16.3(d) Verify Information on Layout Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.4 Hoistway Door Locking Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4.5 Access to Hoistway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 FIREFIGHTERS' SERVICE			
4.6 Power Closing of Hoistway Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.1 A17.1b -1973 through A17.1b - 1980	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.7 Sequence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2 A17.1 - 1981 through A17.1b - 1983	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.8 Hoistway Enclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.3 A17.1 - 1984 through A17.1a - 1988 and A17.3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.9 Elevator Parking Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6.4 A17.1b - 1989 through A17.1d - 2000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.10 Emergency Doors in Blind Hoistways	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6.5.4 Monthly Test (Test Log Completed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.11 Separate Counterweight Hoistway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
4.12 Standby or Emergency Power Selection Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6.5 Acceptance Checklist - A17.1 - 2000 and B44-00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 PIT				6.6 Acceptance Checklist - A17.1 - 2002 and B44-02	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 Pit Access, Lighting, Stop Switch, and Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.7 Acceptance Checklist - A17.1 - 2004 and B44-04	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 Bottom Clearance and Runby	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.8 Acceptance Checklist - A17.1 - 2007 and B44-07	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.3 Final and Emergency Terminal Stopping Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.9 Acceptance Checklist - A17.1 - 2010 and B44-10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.4 Normal Terminal Stopping Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.10 Acceptance Checklist - A17.1 - 2013 and B44-13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.5 Traveling Cables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5.6 Governor Rope Tension Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Comments: