

**Iowa Division of Labor
Elevator Safety**

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**Hazard Correction
Extension Request**

| FOR OFFICE USE ONLY | |
|-------------------------|-------------|
| Approved | Denied |
| Extended through: _____ | |
| Initials: _____ | Date: _____ |

Complete the entire form and submit supporting documents, **including a copy of the Inspection Report/Safety Order**. This request will be denied if more than 90 days have passed since the safety order was issued.

Individual Completing Form

| | | | | | | |
|--------------|--|------------|------|---------------|-------|-----|
| Name | | Title | | Company name | | |
| Phone number | | Fax number | | Email address | | |
| Address | | | City | | State | Zip |

Conveyance Information

| | | | | | | | |
|------------------|--|--|--|-------------------------|--|-------|-----|
| Building name | | | | | | | |
| Address/location | | | | City | | State | Zip |
| State ID: | Duration of extension request: 30 days 60 days (length must be justified) | | | Inspection dates: _____ | | | |

Describe in detail the reason for the extension

Copy of inspection report or safety order attached

Signature

Date