



Elevator Unit
220 French Landing Drive
Nashville, TN 37243-1002
Phone: 615-741-1900

Building and Unit Information

Elevator TN # 040956 Unit type: Aerial Lift Manufacturer: Leitner Poma Of America Capacity: 1253 Speed: 200 Drive Type: Geared # of Floors: 3	Inspector: Scheduled Insp Date: 04/14/2022 Permit Expiration Date: 08/04/2022 Previous Insp Date: 10/14/2021 Acceptance Date: 08/04/2017 Installed By: Code Reference: B77.1 1999	Location: Anakeesta 147 Baskins Creek Byp Gatlinburg, TN 37738-4717 Contact: Preston Foote 303-589-1281 Location Identifier: 1	Owner: ANAKEESTA 147 BASKINS CREEK BY-PASS GATLINBURG, TN 37738-4717 Billing: ANAKEESTA 147 BASKINS CREEK BY-PASS GATLINBURG, TN 37738-4717
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Inspection Report

<u>Auxiliary Power</u> Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	<u>Brake systems</u> Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	<u>Loading and Unloading Areas</u> Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<u>Emergency & Normal Stop switches</u> Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	<u>Vertical Clearances</u> Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	<u>Evacuation Process</u> Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<u>Category Testing Requirements</u> Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	<u>Additional Requirements</u> Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	

COMMENTS

Witness: (Print) Josh Foster
 Title of witness: _____
 Phone: _____

Witness: (Signature) _____
 Inspected by: James Steele and team
 Date of Inspection: 4-21-22



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COMMENTS

X Witness: (Print) Mark Eberbaugh
 X Title of witness: Director of Guest Services
 X Phone: 865-325-2400

X Witness: (Signature) [Signature]
 Inspected by: Nita McPherson
 Date of Inspection: 10/14/2021



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Building and Unit Information

<p>Elevator TN # 040956</p> <p>Unit type: Aerial Lift</p> <p>Manufacturer: Leitner Poma Of America</p> <p>Capacity: 1253</p> <p>Speed: 200</p> <p>Drive Type: Geared</p> <p># of Floors: 3</p>	<p>Inspector: TJ</p> <p>Scheduled Insp Date: 04/19/2021</p> <p>Permit Expiration Date: 08/04/2021</p> <p>Previous Insp Date: 10/19/2020</p> <p>Acceptance Date: 08/04/2017</p> <p>Installed By:</p> <p>Code Reference: B77.1 1999</p>	<p>Location: Anakeesta 147 Baskins Creek Byp Gatlinburg, TN 37738-4717</p> <p>Contact: Preston Foote 303-589-1281</p> <p>Location Identifier: 1</p>	<p>Owner: ANAKEESTA 147 BASKINS CREEK BY-PASS GATLINBURG, TN 37738-4717</p> <p>Billing: ANAKEESTA 147 BASKINS CREEK BY-PASS GATLINBURG, TN 37738-4717</p>
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Inspection Report

<p><u>Auxiliary Power</u> Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p><u>Emergency & Normal Stop switches</u> Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p><u>Category Testing Requirements</u> Compliant per applicable code? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/></p>	<p><u>Brake systems</u> Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p><u>Vertical Clearances</u> Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p><u>Additional Requirements</u> Compliant per applicable code? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p>	<p><u>Loading and Unloading Areas</u> Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p><u>Evacuation Process</u> Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p>
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COMMENTS

Witness: (Print) Mark Eberbaugh
Title of witness: Director of Guest Services
Phone: _____

Witness: (Signature) [Signature]
Inspected by: Tommy Jackson
Date of Inspection: 4/19/21



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Building and Unit Information

Elevator TN # 040956 Unit type: Aerial Lift Manufacturer: Leitner Poma Of America Capacity: 1253 Speed: 200 Drive Type: Geared # of Floors: 3	Inspector: TJ Mike M. Scheduled Insp Date: 12/01/2020 Permit Expiration Date: 08/04/2021 Previous Insp Date: 06/01/2020 Acceptance Date: 08/04/2017 Installed By: Code Reference: B77.1 1999	Location: Anakeesta 147 Baskins Creek Byp Gatlinburg, TN 37738-4717 Contact: Preston Foote 303-589-1281 Location Identifier: 1	Owner: ANAKEESTA 147 BASKINS CREEK BY-PASS GATLINBURG, TN 37738 Billing: ANAKEESTA 147 BASKINS CREEK BY-PASS GATLINBURG, TN 37738
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Auxiliary Power Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Brake systems Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Loading and Unloading Areas Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Emergency & Normal Stop switches Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Vertical Clearances Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Evacuation Process Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Category Testing Requirements Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Additional Requirements Compliant per applicable code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	10/13/20 Training

COMMENTS

Witness: (Print) Preston Foote
 Title of witness: CA Maint Manager
 Phone: 303 589 1281
Foote@anakeesta.com

Witness: (Signature) [Signature]
 Inspected by: Thomas Jackson
 Date of Inspection: 10/19/20