

ELEVATOR/ESCALATOR ACCIDENT REPORT FORM

Florida law (399.125, F.S.) requires the certificate of operation holders to submit the following form to Central Florida Tourism Oversight District (the District) in the event of an elevator accident. Failure to file this report within five (5) working days of the accident could result in a fine of up to \$1,000.

SECTION 1 – EQUIPMENT LOCATION				
Serial # _____ Type of Unit: <input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Moving Walkway <input type="checkbox"/> Wheelchair Lift				
Medical Action Required: <input type="checkbox"/> Yes / <input type="checkbox"/> No Accident/Entrapment Date: _____ Time of Accident/ Entrapment: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
Building Name: _____				
Building Location/Address: _____				
Owner/Mgr Name: _____			Phone Number: _____	
SECTION 2 – SERVICE MAINTENANCE				
Is the elevator/escalator under a service maintenance contract? <input type="checkbox"/> Yes / <input type="checkbox"/> No				
Name of elevator/escalator maintenance company: _____				
Was the elevator service maintenance company notified? <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, indicate date _____				
Most recent required test performed: <input type="checkbox"/> 6-M <input type="checkbox"/> 1-Y <input type="checkbox"/> 3-Y <input type="checkbox"/> 5-Y Test Date: _____				
SECTION 3 – ACCIDENT DETAILS				
Brief Narrative: (Attach additional sheets as necessary.) 				
PLEASE CHECK ALL THAT APPLY				
Trapped in Elevator: <input type="checkbox"/> Yes / <input type="checkbox"/> No	Other Factors:	Clothing/Footwear Involved:	Equipment Involved:	Witnessed Activities:
<input type="checkbox"/> Fall <input type="checkbox"/> Trip <input type="checkbox"/> Bruise <input type="checkbox"/> Cut <input type="checkbox"/> Head <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Fingers <input type="checkbox"/> Knee <input type="checkbox"/> Hair <input type="checkbox"/> Foot <input type="checkbox"/> Toes <input type="checkbox"/> Torso	<input type="checkbox"/> Carryon Items/ Packages <input type="checkbox"/> Stroller <input type="checkbox"/> Safety Issues <input type="checkbox"/> Mechanical <input type="checkbox"/> Other	<input type="checkbox"/> Sleeves <input type="checkbox"/> Purse <input type="checkbox"/> Shoes <input type="checkbox"/> Dress/Skirt <input type="checkbox"/> Pants <input type="checkbox"/> Coat <input type="checkbox"/> Other	<input type="checkbox"/> Door Open <input type="checkbox"/> Step-Stair Tread <input type="checkbox"/> Floor Leveling <input type="checkbox"/> Esc. Side Wall <input type="checkbox"/> Esc. Railing	<input type="checkbox"/> Unsafe Rider Behavior <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other
Post Event Inspection Required <input type="checkbox"/> Y / <input type="checkbox"/> N Performed by Elevator Personnel Lic. _____ Date: _____				
Unit Cleared for Continued Use: <input type="checkbox"/> Yes / <input type="checkbox"/> No				
Cleared by: _____		CEI#: _____	Date: _____	
SECTION 4 – REPORTING SIGNATURE				

Elevator Owner or Authorized Rep: _____

Current Certificate? Y / N

Signature

Print Name

Date

Title

Email

Phone

DISCLAIMER: This report will assist the District in identifying ways to improve rider safety and will not be used to assign blame or liability. **Florida law requires the elevator’s certificate holder to submit the report within 5 working days of the accident to the Building & Safety Department.** Instructions on how to submit electronically can be found on the Building & Safety website page: <https://www.oversightdistrict.org/doing-business/building-department/>, along with an electronically fillable Portable Document Format (PDF) version of this form.