

ELEVATOR OWNERS ACCIDENT REPORT

Florida law requires certificate of operation holders to submit the following form to the division in the event of an elevator accident. Failure to file this report within 5 business days of the accident could result in a fine of up to \$1,000.00.

SECTION 1 – EQUIPMENT LOCATION			
License Number:	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator	<input type="checkbox"/> Moving Walkway <input type="checkbox"/> Wheelchair Lift	
Accident Date: / /20	Time of Accident: Hour Minute	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Owner Name:	Business Name:		
Property Address:			
City:	County:	State:	Zip Code:
Phone Number: ()	Email Address:		
SECTION 2 – SERVICE MAINTENANCE			
Is the elevator or escalator under a service maintenance contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Name of Elevator Maintenance Company:			
Was the elevator service maintenance company notified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate date: / /20	Most recent required test performed? <input type="checkbox"/> 6 MTH <input type="checkbox"/> 1 YR <input type="checkbox"/> 3 YR <input type="checkbox"/> 5YR	Test Date: / /20	
SECTION 3 – ACCIDENT DETAILS			
Brief Narrative: (attach additional sheets as necessary)			
Please check all that apply:		Medical Attention Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Fall	<input type="checkbox"/> Bruises	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Hand
<input type="checkbox"/> Trip	<input type="checkbox"/> Cuts	<input type="checkbox"/> Arm	<input type="checkbox"/> Leg
<input type="checkbox"/> Fingers	<input type="checkbox"/> Hair	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Knee	<input type="checkbox"/> Foot	<input type="checkbox"/> Toes	<input type="checkbox"/> Torso
Other Factors:			
<input type="checkbox"/> Carry-on Items/Packages	<input type="checkbox"/> Stroller	<input type="checkbox"/> Safety Issues	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Other _____			
Clothing/Footwear Involved:			
<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 _____	
Equipment Involved:			
<input type="checkbox"/> Door Open	<input type="checkbox"/> Step – Stair Tread	<input type="checkbox"/> Floor Leveling	<input type="checkbox"/> Escalator Side Wall
<input type="checkbox"/> Escalator Railing			
Witnessed Activities: <input type="checkbox"/> Unsafe Ride Behavior <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other _____			
Post Event Inspection Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Performed By:	Date: / /20
Unit Cleared for Continued Use: (Optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cleared By:	CEI# Date: / /20
SECTION 4 – REPORTING SIGNATURE			
Current Certificate of Operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Contracted Jurisdiction	
Report Submitted By: (Print Name)	Title:	Date: / /20	
Signature (X)	Phone:		
DISCLAIMER:			
This report will assist the division in identifying ways to improve rider safety and will not be used to assign blame or liability. Florida law requires the elevator's certificate of operation holder to submit the report to the City of Miami Beach – Public Works – Elevator Safety Division within 5 business days of the accident. Keep a copy of this report and email it to joeygan@miamibeachfl.gov or mail to the address above.			