

**DBPR HR-7016 – Division of Hotels and Restaurants, Bureau of Elevator Safety  
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 five working days of the accident could result in a fine of up to \$1,000.

SECTION 1 – EQUIPMENT LOCATION									
License Number	<input type="checkbox"/> Elevator	<input type="checkbox"/> Moving Walkway	Accident Date (mm/dd/yyyy)						
	<input type="checkbox"/> Escalator	<input type="checkbox"/> Wheelchair Lift	Time of Accident Hour		Minute	<input type="checkbox"/> AM	<input type="checkbox"/> PM		
Owner Name			Business Name						
Building Address						City			
County		State	Zip Code			Phone Number			
SECTION 2 - SERVICE MAINTENANCE									
Is the elevator or escalator under a service maintenance contract? <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 (MM/DD/YYYY)				Most recent required test performed? <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years				Test Date (mm/dd/yyyy)	
SECTION 3 – ACCIDENT DETAILS									
Brief Narrative: (attach additional sheets as necessary)									
<b>PLEASE CHECK ALL THAT APPLY</b>									
Medical Attention Req'd <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Fall	<input type="checkbox"/> Bruises	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Hand	<input type="checkbox"/> Fingers	<input type="checkbox"/> Hair	<input type="checkbox"/> Other		
	<input type="checkbox"/> Trip	<input type="checkbox"/> Cuts	<input type="checkbox"/> Arm	<input type="checkbox"/> Leg	<input type="checkbox"/> Knee	<input type="checkbox"/> Foot	<input type="checkbox"/> Toes	<input type="checkbox"/> Torso	
Other Factors: <input type="checkbox"/> Carryon 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"/> Esc. Side Wall <input type="checkbox"/> Esc. Railing									
Witnessed Activities: <input type="checkbox"/> Unsafe Rider Behavior <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other									
Post Event Inspection Req'd <input type="checkbox"/> Y <input type="checkbox"/> N			Performed by:				Date		
(Optional) Unit Cleared for Continued Use: <input type="checkbox"/> Y <input type="checkbox"/> N			Cleared By:		CEI #	Date			
SECTION 4 – REPORTING SIGNATURE									
Report Submitted by (print name)			Date			Title		Current Certificate ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
Signature				Phone Number			Contracted Jurisdiction		

**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 Bureau of Elevator Safety within 5 days of the accident. You may fill in the online form or Portable Document Format (PDF) version of this report, save it to your hard drive and e-mail it to: [dh.elevators@myfloridalicense.com](mailto:dh.elevators@myfloridalicense.com), or you may mail the report to:

**Department of Business and Professional Regulation,  
Division of Hotels and Restaurants, Bureau of Elevator Safety,  
2601 Blair Stone Road  
Tallahassee, FL 32399-1013  
Phone: 850.487.1395**