

## ELEVATOR/ESCALATOR ACCIDENT REPORT FORM

Florida law (399.125, F.S.) requires the certificate of operation holder to submit the following form to Reedy Creek Improvement 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				
Date of Report: _____		Serial #: _____		# of Landings: _____
Type of Unit:	<input type="checkbox"/> Elevator	<input type="checkbox"/> Escalator	<input type="checkbox"/> Moving Walk	<input type="checkbox"/> Wheelchair Lift
Date of Accident: _____		Time of Accident: _____		
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		
Was the elevator service maintenance company notified?		<input type="checkbox"/> Yes / <input type="checkbox"/> No		
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: _____		
Name of elevator/escalator service company: _____				
SECTION 3 – ACCIDENT DETAILS				
<b>Brief Narrative:</b> (Attach additional sheets as necessary.)				
<i>Please Check All That Apply</i>				
Medical Action Required? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Other Factors:	Clothing/Footwear Involved:	Equipment Involved:	Witnessed Activities:
<input type="checkbox"/> Fall <input type="checkbox"/> Leg <input type="checkbox"/> Trip <input type="checkbox"/> Fingers <input type="checkbox"/> Bruise <input type="checkbox"/> Knee <input type="checkbox"/> Cut <input type="checkbox"/> Hair <input type="checkbox"/> Entrapment <input type="checkbox"/> Foot <input type="checkbox"/> Arm <input type="checkbox"/> Toes <input type="checkbox"/> Hand <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"/> 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"/> Yes / <input type="checkbox"/> No		
Unit Cleared for Continued Use: (Optional)		<input type="checkbox"/> Yes / <input type="checkbox"/> No		
Cleared by: _____		CEI#: _____	Date: _____	
SECTION 4 – REPORTING SIGNATURE				

Report Submitted By: \_\_\_\_\_ (Print Name)      Email: \_\_\_\_\_

Signature: \_\_\_\_\_      Phone: \_\_\_\_\_

Title: \_\_\_\_\_

**DISCLAIMER:** This report will assist RCID in identifying ways to improve rider safety and will not be used to assign blame or liability. **The report must be returned within 5 days of the accident to: Reedy Creek Improvement District, Building & Safety Department.**