



Environmental Protection and Growth Management Department
ENVIRONMENTAL LICENSING AND BUILDING PERMITTING DIVISION
 1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-4400 • broward.org/permittingandlicensing

Elevator Owners Accident Report



Florida law requires certificate of operation holders to submit the following form to Broward County's Elevator Section 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					
BCID #	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator	<input type="checkbox"/> Moving Walkway <input type="checkbox"/> Wheelchair Lift	Accident Date (mm/dd/yyyy)	Time of Accident Hour : Minute <input type="checkbox"/> AM <input type="checkbox"/> PM	
Owner Name		Business Name			
Building Address		City	State	Zip	
County Broward		Phone			
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			Business Name		
Was the elevator service maintenance company notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, when? (mm/dd/yyyy)</small>			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)					
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"/> Fingers <input type="checkbox"/> Hair <input type="checkbox"/> Toes <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"/> 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 Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Performed by		Date (mm/dd/yyyy)	
United Cleared for Continued Use? (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		Cleared by		CEI #	Date (mm/dd/yyyy)
Section 4: Reporting Signature					
Report Submitted By		Date (mm/dd/yyyy)	Title		Current Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Signature		Phone		Contracted Jurisdiction	

Disclaimer: This report will assist the Broward County Elevator Section and the Florida Bureau of Elevator Safety in identifying ways to improve rider safety and will not be used to assign blame or liability. You may mail this report to the Division address above or fax to 954-765-4785. You are also required to forward a copy of the report to: Florida Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013. (Phone: 850-487-1395)