



Environmental Protection and Growth Management Department

BUILDING CODE SERVICES DIVISION | ELEVATOR SAFETY

2307 West Broward Boulevard, Suite 300 • Fort Lauderdale, Florida 33312 • 954-765-4400 Option #4 • Fax: 954-765-4785 • elevators@broward.org

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"/> Moving Walkway | Accident Date (mm/dd/yyyy) | Time of Accident Hour : Minute <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | |
| | <input type="checkbox"/> Escalator | <input type="checkbox"/> Wheelchair Lift | | | | | | |
| 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 | | Most Recent Required Test Performed | | Test Date (mm/dd/yyyy) | | | | |
| If yes, when? (mm/dd/yyyy) | | <input type="checkbox"/> 6 months | <input type="checkbox"/> 1 year | <input type="checkbox"/> 3 years | <input type="checkbox"/> 5 years | | | |
| Section 3: Accident Details | | | | | | | | |
| Brief Narrative (attach additional sheets as necessary) | | | | | | | | |
| Please Check All That Apply | | | | | | | | |
| Medical Attention Required? | <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"/> Yes <input type="checkbox"/> No | <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)