



Resilient Environment Department

## BUILDING CODE DIVISION | ELEVATOR SAFETY

2307 West Broward Boulevard, Suite 300 • Fort Lauderdale, Florida 33312 • 954-765-4400 • broward.org/building

### 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 <input type="checkbox"/> Escalator <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				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)