

**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"/> 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	
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)					
PLEASE CHECK ALL THAT APPLY					
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"/> Trip	<input type="checkbox"/> Cuts	<input type="checkbox"/> Arm	<input type="checkbox"/> Leg	<input type="checkbox"/> Knee
	<input type="checkbox"/> Hair	<input type="checkbox"/> Other	<input type="checkbox"/> Torso	<input type="checkbox"/> Foot	<input type="checkbox"/> Toes
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, 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**

