

**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"/> Moving Walkway	Accident Date (mm/dd/yyyy)							
	<input type="checkbox"/> Escalator	<input type="checkbox"/> Wheelchair Lift	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?			Most recent required test performed?				Test Date			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, indicate date (MM/DD/YYYY)		<input type="checkbox"/> 6 months	<input type="checkbox"/> 1 year	<input type="checkbox"/> 3 years	<input type="checkbox"/> 5 years	(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"/> Hair	<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"/> Toes	<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 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@dbpr.state.fl.us, or you may mail the report to:

**Department of Business and Professional Regulation,
Division of Hotels and Restaurants, Bureau of Elevator Safety,
1940 North Monroe Street
Tallahassee, FL 32399-1013
Phone: 850.487.1395**