



Delivering Excellence Every Day

**MIAMI-DADE COUNTY
INTERNAL SERVICES DEPARTMENT
FACILITIES and UTILITIES MANAGEMENT DIVISION
OFFICE of ELEVATOR SAFETY
201 West Flagler Street
Miami, FL 33130-1510
Ph: 305.375.1577
Fax: 305.372.6367
www.miamidade.gov**

399.125 Reporting of elevator accidents; penalties.--Within 5 working days after any accident occurring in or upon any elevator, the certificate of operation holder shall report the accident to the division on a form prescribed by the division. Failure to timely file this report is a violation of this chapter and will subject the certificate of operation holder to an administrative fine, to be imposed by the division, in an amount not to exceed \$1,000. *Within Miami-Dade County, accidents are to be reported to Miami-Dade County on this form*

SECTION 1 – EQUIPMENT LOCATION									
Serial 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? <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"/> 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 is not intended to ascertain fault or to establish liability. The statutorily required completion enables the County to capture data for trending and analysis to improve rider safety. The report must be returned to the Office of Elevator Safety within 5 days of the accident to:

Miami-Dade County
ISD/Facilities and Utilities Management Div, Office of Elevator Safety,
201 West Flagler Street
24 Hr. Accident Tel. # 305-375-1555 Miami, FL 33130-1510 FAX: 305-372-6367