



MIAMI-DADE COUNTY
INTERNAL SERVICES DEPARTMENT
FACILITIES & INFRASTRUCTURE MANAGEMENT DIVISION
OFFICE OF ELEVATOR SAFETY
 201 West Flagler Street
 Miami, Florida
 33130-1510
 Ph: 305.375.1577
 Fax: 305.372.6367

Elevator Owners Accident Report

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.

| SECTION 1 - ELEVATOR LOCATION | | | | | |
|--|------------------------------------|--|--------------------------------------|---------------------------------|---|
| State 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 | | Building Address | | | |
| Business Name | | | | 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 - REPORTING SIGNATURE | | | | | |
| Report Submitted by (print name) | | Date | Title | | |
| Signature | | | Phone Number | Contracted Jurisdiction | |

| SECTION 4 - ACCIDENT DETAILS | | | | | | | |
|---|-------------------------------|----------------------------------|-------------------------------------|-------------------------------|----------------------------------|-------------------------------|--|
| Brief Narrative: (attach additional sheets as necessary) | | | | | | | |
| CHECK ALL BELOW 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: | |
| (Optional) Unit Cleared for Continued Use: <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | Cleared By: | |
| | | | | CEI # | Date | | |

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: