Miami-Dade County Department of Regulatory and Economic Resources
Office Of Elevator Safety
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Miami, Florida 33175-2474
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http://www.miamidade.gov

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	☐ Elevator ☐ Escalator	☐ Moving Walkway ☐ Wheelchair Lift	Accident Date (mm/dd/yyyy)	Time of Accident Hour Minute ☐ AM ☐ 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? ☐ Yes ☐ No ☐ Unknown		
Name of Elevator Maintenance Company		
Was the elevator service maintenance company notified? ☐ Yes ☐ No If yes, indicate date (MM/DD/YYYY)	Most recent required test performed? ☐ 6 months ☐ 1 year ☐ 3 years ☐ 5 years	Test Date (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 ☐ Y ☐ N	☐ Fall	☐ Bruises	☐ Entrapment	☐ Hand	☐ Fingers	☐ Hair	☐ Other	
	☐ Trip	☐ Cuts	☐ Arm	☐ Leg	☐ Knee	☐ Foot	☐ Toes	☐ Torso
Other Factors: ☐ Carryon Items/Packages ☐ Stroller ☐ Safety Issues ☐ Mechanical ☐ Other								
Clothing/Footwear Involved: ☐ Sleeves ☐ Purse ☐ Shoes ☐ Dress/skirt ☐ Pants ☐ Coat ☐ Other								
Equipment Involved: ☐ Door Open	☐ Step–Stair Tread	☐ Floor Leveling	☐ Esc. Side Wall	☐ Esc. Railing				
Witnessed Activites: ☐ Unsafe Rider Behavior	☐ Equipment Malfunction	☐ Other						
Post Event Inspection Req'd ☐ Y ☐ N	Performed by:					Date		
(Optional) Unit Cleared for Continued Use: ☐ Y ☐ 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: