Elevating Device Accident Report

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30254, Lansing, MI 48909
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www.michigan.gov/bcc

This form can be completed by tabbing to each field and typing in the required information.

DO NOT SUBMIT WITHOUT STATE SERIAL NUMBER
STATE SERIAL NUMBER

Authority: 1967 PA 227 Penalty: Failure to provide the information may result in the accident not being reported.	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Instructions: According to R 408.7006, the holder of a Certificate of Operation shall notify the department within 48 hours of every accident involving personal injury or damage to the elevator. The department may investigate all such accidents. Complete all items listed and submit to the address listed above.

ELEVATOR LOCATION INFORMATION

ELEVATOR LOCATION (Building Name)			
LOCATION (Address)		CITY	ZIP CODE
DATE OF ACCIDENT	NUMBER OF INJURED PERSONS	DEVICE TYPE	ESCALATOR DIRECTION OF TRAVEL ☐ 1. UP ☐ 2. DOWN

ACCIDENT TYPE	ACCIDENT CAUSE				DAMAGE TO DEVICE
☐ 1. FATAL ☐ 2. NON-FATAL	☐ 1. TRIPPING ☐ 2. ELEVATOR FALLING	☐ 3. STRUCK BY DOOR ☐ 4. UNLEVEL ELEVATOR DOOR	☐ 5. CAUGHT IN ESCALATOR ☐ 6. FALL DOWN ELEVATOR SHAFT	☐ 7. ELEVATOR STUCK (HEART) ☐ 8. OTHER_____	☐ 1. YES ☐ 2. NO

INJURIES

NAME OF PERSON INJURED	NAME OF PERSON INJURED
NAME OF PERSON INJURED	NAME OF PERSON INJURED

ACCIDENT DESCRIPTION

SIGNATURE OF PERSON REPORTING	NAME OF FIRM	TELEPHONE NUMBER (Include Area Code)