

Elevating Device Accident Report
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Elevator Section
P.O. Box 30254, Lansing, MI 48909
Telephone: 517-241-9337 Fax: 517-487-1111
E-Mail: elevsafety@michigan.gov
www.michigan.gov/bcc

**DO NOT SUBMIT WITHOUT
STATE SERIAL NUMBER**

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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 <input type="checkbox"/> 1. UP <input type="checkbox"/> 2. DOWN
ACCIDENT TYPE <input type="checkbox"/> 1. FATAL <input type="checkbox"/> 2. NON-FATAL	ACCIDENT CAUSE <input type="checkbox"/> 1. TRIPPING <input type="checkbox"/> 3. STRUCK BY DOOR <input type="checkbox"/> 5. CAUGHT IN ESCALATOR <input type="checkbox"/> 7. ELEVATOR STUCK (HEART) <input type="checkbox"/> 2. ELEVATOR FALLING <input type="checkbox"/> 4. UNLEVEL ELEVATOR DOOR <input type="checkbox"/> 6. FALL DOWN ELEVATOR SHAFT <input type="checkbox"/> 8. OTHER _____		DAMAGE TO DEVICE <input type="checkbox"/> 1. YES <input type="checkbox"/> 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)