Elevating Device Accident Report

Oklahoma Department of Labor Safety Standards Division - Elevator Inspections 409 NE 28th Street, 3rd Floor Oklahoma City, OK 73105 (405) 521-6100 Print Form

DO NOT SUBMIT WITHOUT STATE OKLAHOMA NUMBER IF AVAILABLE

STATE OKLAHOMA NUMBER

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

ELEVATOR LOCATION INFORMATION

The Oklahoma Department of Labor will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Instructions: According to OAR 380:70-11-2, the owner of any conveyance shall notify the department within 24 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. **Emergencies should be reported to the Cheif Elevator Inspector at (405) 521-6100 during regular business hours or (405) 227-5799 after business hours.**

CONTACT NAME OF PERSON INJURED	ELEVATOR LOCATION (BUILDING NAME)																
ACCIDENT TYPE ACCIDENT CAUSE 1. TRIPPING 3. STRUCK BY DOOR 5. CAUGHT IN ESCALATOR 7. CAUGHT IN ELEVATOR DOOR 1. YES 2. NON-FATAL 2. ELEVATOR FALLING 4. UNLEVEL ELEVATOR DOOR 6. FALL DOWN ELEVATOR SHAFT 8. OTHER 2. NO	LOCA	ATION (ADDRESS)						CITY	CITY					ZIP CODE			
ACCIDENT TYPE ACCIDENT CAUSE 1.	REPORT DATE DATE AND TIME OF ACCIDENT NUMBER OF INJURED								DEVICE TYPE (See Back for Codes)					ESCALA	TOR DIF	RECTION	I OF TRAVEL
1. FATAL 2. NON-FATAL 2. ELEVATOR FALLING 3. STRUCK BY DOOR 5. CAUGHT IN ESCALATOR 7. CAUGHT IN ELEVATOR DOOR 2. NON-FATAL 2. ELEVATOR FALLING 3. STRUCK BY DOOR 6. FALL DOWN ELEVATOR SHAFT 8. OTHER																	
NON-FATAL 2 ELEVATOR FALLING 4 UNLEVEL ELEVATOR DOOR 6 FALL DOWN ELEVATOR SHAFT 8 OTHER	ACCIDENT TYPE ACCIDENT CAUSE								•							DAMAG	GE TO DEVICE
NAME OF PERSON INJURED	1.	. FATAL 1. TRIPPING 3. STRUCK BY [RUCK BY DOO	R 5	5. CAUGHT IN ESCALATOR 7. CA				CAUGHT IN	JGHT IN ELEVATOR DOOR			YES
AGE GENDER NAME OF PERSON INJURED AGE GENDER ADDRESS ADDRESS STATE ZIP CODE CITY STATE ZIP CODE CITY PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER NAME OF PERSON INJURED AGE GENDER AGE GENDER AGE GENDER AGE GENDER AGE GENDER AGE GENDER AGE CITY STATE ZIP CODE CITY STATE ZIP CODE CITY STATE ZIP CODE CITY STATE ZIP CODE CONTACT ADDRESS CONTACT ADDRESS CONTACT ADDRESS	2.	NON-FATAL	2.	ELEVATOR	FALLI	NG 4. UN	ILEVEL ELEVA	TOR DOOR 6	. FAI	L DOWN ELEV	ATOR SH	AFT 8.	OTHER			2.	NO
ADDRESS STATE ZIP CODE CITY PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 4. LEG 6. FINGER 8. OTHER ADDRESS ADDRESS CITY STATE ZIP CODE PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES ADDRESS ADDRESS CITY STATE ZIP CODE PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER CONTACT ADDRESS CONTACT ADDRESS																	
PART OF BODY INJURED	NAM	E OF PERSON INJ	URED			AGE	GENDER		NAME	OF PERSON I	NJURED		AC	GE	GEND	ER	
PART OF BODY INJURED																	
PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER 2. ARM 4. LEG 6. FINGER 8. OTHER NAME OF PERSON INJURED CITY STATE ZIP CODE PART OF BODY INJURED PART OF BODY INJURED PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 4. LEG 6. FINGER 8. OTHER CONTACT NAME CONTACT NAME CONTACT NAME	ADDI	RESS							ADDRESS								
PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER NAME OF PERSON INJURED CITY STATE ZIP CODE PART OF BODY INJURED AGE GENDER PART OF BODY INJURED CITY STATE ZIP CODE PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER 2. ARM 4. LEG 6. FINGER 8. OTHER 3. O	CITY	,				STATE	ZIP CODE		CITY				ST	TATE	ZIP CO	ODF	
1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER NAME OF PERSON INJURED ADDRESS STATE ZIP CODE CITY STATE ZIP CODE STATE STATE ZIP CODE STATE DART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER CONTACT ADDRESS 6. FINGER 8. OTHER	0111					OTATE	ZII OODL		OITT					IAIL	211 0	JDL	
2. ARM 4. LEG 6. FINGER 8. OTHER 2. ARM 4. LEG 6. FINGER 8. OTHER NAME OF PERSON INJURED AGE GENDER ADDRESS CITY STATE ZIP CODE PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER 2. ARM 4. LEG 6. FINGER 8. OTHER CONTACT ADDRESS	PAR	T OF BODY INJUR	ED						PART	OF BODY INJU	JRED						
NAME OF PERSON INJURED AGE GENDER AGE GENDER AGE GENDER ADDRESS ADDRESS CITY STATE ZIP CODE CITY PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER CONTACT NAME CONTACT NAME CONTACT ADDRESS	1.	HAND	3.	FOOT	5.	EYE	7.	TOES	1.	HAND	3.	FOOT	5.	EYE		7.	TOES
ADDRESS ADDRESS STATE ZIP CODE CITY PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER CONTACT NAME CONTACT ADDRESS ADDRESS STATE ZIP CODE STATE ZIP CODE STATE ZIP CODE CITY PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER CONTACT ADDRESS	2.	ARM	4.	LEG	6.	FINGER	8.	OTHER	2.	ARM	4.	LEG	6.	FINGER		8.	OTHER
CITY STATE ZIP CODE CITY STATE ZIP CODE PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER 2. ARM 4. LEG 6. FINGER 8. OTHER CONTACT NAME CONTACT NAME CONTACT ADDRESS	NAM	E OF PERSON INJ	URED			AGE	GENDER		NAME	OF PERSON I	NJURED		AC	GE	GEND	ER	
CITY STATE ZIP CODE CITY STATE ZIP CODE PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER 2. ARM 4. LEG 6. FINGER 8. OTHER CONTACT NAME CONTACT NAME CONTACT ADDRESS																	
PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER 2. ARM 4. LEG 6. FINGER 8. OTHER CONTACT NAME CONTACT NAME CONTACT ADDRESS	ADDRESS									ESS			<u> </u>				
PART OF BODY INJURED 1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER 2. ARM 4. LEG 6. FINGER 8. OTHER CONTACT NAME CONTACT NAME CONTACT ADDRESS																	
1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER 2. ARM 4. LEG 6. FINGER 8. OTHER CONTACT NAME	CITY	•				STATE	ZIP CODE		CITY				ST	ΓATE	ZIP C	ODE	
1. HAND 3. FOOT 5. EYE 7. TOES 1. HAND 3. FOOT 5. EYE 7. TOES 2. ARM 4. LEG 6. FINGER 8. OTHER 2. ARM 4. LEG 6. FINGER 8. OTHER CONTACT NAME																	
2. ARM 4. LEG 6. FINGER 8. OTHER 2. ARM 4. LEG 6. FINGER 8. OTHER CONTACT NAME CONTACT NAME CONTACT ADDRESS																	
CONTACT NAME CONTACT ADDRESS																	
	2.	ARM	4.	LEG	6.	FINGER	8.	OTHER	2.	ARM	4.	LEG	6.	FINGER		8.	OTHER
ACCIDENT DESCRIPTION	CONTACT NAME								CONTACT ADDRESS								
ACCIDENT DESCRIPTION																	
	ACCIDENT DESCRIPTION																
SIGNATURE OF PERSON REPORTING NAME OF FIRM TELEPHONE NUMBER (Include Area Code)	SIGNATURE OF PERSON REPORTING NAME OF FIRM											TELE	PHONE NU	JMBER (Include A	rea Code)	

Device Codes

P = Passenger Elevator
F = Freight Elevator
F2 = Freight 2 Elevator
F3 = Freight 3 Elevator

RES = Private Residence Elevator

I = Inclined Elevator

IR = Private Residence Inclined Elevator
LU/LA = Limited-Use/Limited-Application Elevator

LU/LAR = Private Residence Limited-Use/Limited-Application Elevator

SW = Sidewalk Elevator
R = Rooftop Elevator
M = Mine Elevator

SPP = Special Purpose Personnel Elevator

ESC = Escalator
MW = Moving Walk
DW = Dumbwaiter

DWR = Private Residence Dumbwaiter

ML = Material Lift

VPL = Vertical Platform Lift

VPLR = Private Residence Vertical Platform Lift

IPL = Inclined Platform Lift

IPLR = Private Residence Inclined Platform Lift

SC = Stairway Chairlift

SCR = Private Residence Stairway Chairlift

SED = Special Elevating Device

SDR = Private Residence Special Elevating Device

SL = Sewer Lift
PH = Personnel Hoist
BM = Belt Manlift

OME = One Man Electric Power
OMH = One Man Hand Power
BFLD = Barrier Free Lifting Device

BFLR = Private Residence Barrier Free Lifting Device

IL = Incline Lift (Outdoor)

ILR = Private Residence Incline Lift (Outdoor)

WED = Wheelchair Elevating Device

WDR = Private Residence Wheelchair Elevating Device