



# Elevator, Escalator, and Lift Accident Report

Department of Consumer and Business Services

Building Codes Division • Elevator Safety Program

1535 Edgewater NW, Salem, Oregon

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Web: [bcd.oregon.gov](http://bcd.oregon.gov)

This form may be used to report *all* accidents that occur on elevators, escalators, lifts, or other equipment regulated by the Oregon Elevator Safety Program.

**When an elevator, escalator, or lift accident is caused by the equipment *or* when an injured person requires hospital care:**

1. Shut down the equipment immediately.
2. Do *not* alter or repair the equipment.
3. Call the Chief Elevator Inspector on the 24-hour accident line at 541-944-5809.
4. Do *not* return the equipment to service until it is examined by a state elevator inspector.

PERSON REPORTING ACCIDENT	
<input type="checkbox"/> Elevator maintenance/repair contractor	<input type="checkbox"/> Building owner/manager <input type="checkbox"/> Injured party
<input type="checkbox"/> Other:	Risk Management Report attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of person reporting accident:	
Address:	City: State: ZIP:
Phone: - -	
ACCIDENT SITE INFORMATION	EQUIPMENT INFORMATION
Accident site address:	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Lift
City/State/ZIP:	<input type="checkbox"/> Other:
Building description/designation (e.g., building number, department store, warehouse):	Equipment ID no. from operating permit:
	Equipment manufacturer:
<b>ACCIDENT INFORMATION:</b>	
Date of accident: / / Time:	
Injured party name:	How did the accident occur?
Address:	
City/State/ZIP:	
Phone: - -	Was the building owner/manager contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did injured party go to the hospital for medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was an elevator service company called to the site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Describe injuries:	Was the equipment involved put out of service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
SERVICE ANIMAL INFORMATION	
<b>Building Codes Division also tracks injuries to service animals that occur on elevators, escalators, and lifts.</b>	
Was there a service animal injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter information below:	
Name of owner:	Date of accident: / / Time:
Address:	Location of accident:
City/State/ZIP:	
Phone: - -	Equipment involved:
Did the animal require veterinary care: <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment ID no. from state permit:
If yes, describe injuries:	Describe accident:



If you use MS Word, please fill this form in, save it, and e-mail it to: [BCD.Elevator@state.or.us](mailto:BCD.Elevator@state.or.us)