



**STATE OF IDAHO**  
**ELEVATOR ACCIDENT REPORT**  
 Division of Occupational and Professional Licenses  
 Elevator Safety Program  
 11341 W Chinden Blvd Bldg 4 - Boise ID 83714  
 (208) 332-7134 - safety@dopl.idaho.gov  
[dopl.idaho.gov](http://dopl.idaho.gov)



**INSTRUCTIONS:**

- Submit this report to the Division of Occupational and Professional Licenses.
- This form is to be completed by the owner or owner's representative of the elevator/conveyance.
- Please complete a form for each accident.

**SITE INFORMATION:**

**OWNER INFORMATION:**

Site Name:	Owner Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Contact:	State ID#
Title:	Last Inspection Date:
Phone:	First Accident at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No
State ID #:	Serial Number:

**ACCIDENT INFORMATION**

Injured party(s) information		Report time of accident	
Name:	Date:	Time:	
Address:		Primary Witness:	
City: State:		Name:	
Home Phone:	Zip:	Address:	
Work Phone:	City/State / Zip:	Home Phone:	Work Phone:
Medical attention required? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**DEPARTMENT USE ONLY**

**DIVISION INSPECTION/CONSULTATION**

**STATUS/PROBABLE CAUSE INFORMATION**

Date inspected : _____/_____/_____ contacted: _____/_____/_____ Time arrived / contacted: _____ Hours: Travel: _____ Inspection Time: _____ <input type="checkbox"/> Site Inspection Necessary <input type="checkbox"/> Phone consultation only Unit operational at time of arrival or contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Status</b>
	Did unit require repair / adjustments? <input type="checkbox"/> Yes <input type="checkbox"/> No Upon inspection was unit fully operational? <input type="checkbox"/> Yes <input type="checkbox"/> No Was unit returned to active service? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Probable cause</b> <input type="checkbox"/> Apparent human error <input type="checkbox"/> Apparent vandalism / abuse <input type="checkbox"/> Obvious equip. malfunction <input type="checkbox"/> Operating environment <input type="checkbox"/> Apparent misuse of equip. <input type="checkbox"/> Unable to determine cause <input type="checkbox"/> Other _____

**ACKNOWLEDGEMENT**

The owner or owner's representative acknowledges that this unit cannot be used for any purpose nor returned to active service until a safety inspection has been performed by the Division of Occupational and Professional Licenses and a Certificate to Operate has been obtained. All outstanding fees relating to this unit must be paid in full. Failure to abide by these regulations will affect the Certificate to Operate.

Effective: \_\_\_\_\_  
 State Elevator Inspector: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_  
 Owner or owner's representative: \_\_\_\_\_ Date: \_\_\_\_\_

**INSPECTOR'S DESCRIPTION OF INSPECTION OR CONSULTATION**

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