STATE OF IDAHO

ELEVATOR ACCIDENT REPORT

Division of Occupational and Professional Licenses
Elevator Safety Program
11341 W Chinden Blvd Bldg 4 - Boise ID 83714

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.** Please submit completed form to safety@dopl.idaho.gov

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? ☐Yes ☐No
State ID #:	Serial Number:

ACCIDENT INFORMATION

Injured party(s) information		Report time of accident	
Name:		Date:	Time:
Address:		Primary Witness:	
		Name:	
City:	State:	Address:	
Home Phone:	Zip:	City/State / Zip:	
Work Phone:		Home Phone:	Work Phone:
Medical attention required? Yes ☐ No ☐			

DEPARTMENT USE ONLY

DIVISION INSPECTION/CONSULTATION

Date inspected : ___/___/____/_____
contacted: ___/___/____/_____
Time arrived / contacted:_____
Hours: Travel:_____ Inspection Time:_____
☐ Site Inspection Neccesary
☐ Phone consultation only
Unit operational at time of arrival or contact?
☐ Yes ☐ No

STATUS/PROBABLE CAUSE INFORMATION

Status

Did unit require repair / adjustments? ☐ Yes ☐ No
Upon inspection was unit fully operational? ☐ Yes ☐ No
Was unit returned to active service? ☐ Yes ☐ No

Probable cause

☐ Apparent human error
☐ Obvious equip. malfunction
☐ Apparent misuse of equip.
☐ Other _____
☐ Apparent vandalism / abuse
☐ Operating enviroment
☐ Unalbe to determine cause

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 preformed by the Division of Occupational and Professional Licenses and a Ceritificate 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

_____
_____
_____
_____
_____
_____
_____

CONTINUATION OF ACCIDENT REPORT FORM:

STATE OF IDAHO
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES
11341 W CHINDEN BLVD BLDG 4 - BOISE ID 83714

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES
DOPL

INSPECTOR'S DESCRIPTION OF INSPECTION OR CONSULTATION