# STATE OF IDAHO

**ELEVATOR ACCIDENT REPORT**

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

elevators@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 elevators@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**