



# City of Madison Fire Department

314 W. Dayton St., Madison, WI 53703-2506

Phone: 608-266-4420 • Fax: 608-267-1100 • E-mail: fire@cityofmadison.com



Personal information you provide may be used for secondary purposes [Privacy Law s.15.04 (1)(m)].

## ELEVATOR / ESCALATOR ACCIDENT REPORT

<b>Building Name</b>	<b>Owners Name</b>	<b>Registration Tag No.</b>
<b>Street Address</b>	<b>Address</b>	<b>Regulated Object ID.</b>
<b>City, State, Zip</b>	<b>City, State, Zip</b>	<b>Manufacturer</b>

1. **SPS 318.1008(1) (a) Accidents to be reported.** Whenever an elevator or other installation covered by this chapter causes injury to any person, the owner or person in control of the elevator shall notify the department within 48 hours of the accident. The report shall include the date and time of the accident, the location of the elevator or device involved in the accident and description of the accident.

**Note: The department may be contacted at phone: (608) 266-4420 during normal business hours.**

Name of Injured:	Time of Injury:		
Address:	City:	State:	Telephone:
Nature of Injury:	Did Accident Cause a Fatality: <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. **SPS 318.1008(4) (b) Operation discontinued.** When an accident involves the failure or destruction of an elevator or other installation covered by this chapter and results in injury to a person who requires immediate medical attention, the elevator or device shall be taken out of service and shall not be used again until authorized by the department.

3. **SPS 318.1008(4) (c) Removal of parts restricted.** No part of the damaged installation, construction or operating mechanism shall be removed from the premises until the department grants permission.

Was Elevator Operated after Accident:  Yes     No                      Was the Elevator Contractor Notified:  Yes     No

If Yes, Name(s) and Telephone Number(s):

If Yes, Reason:

Describe fully how accident occurred and state what injured was doing when the accident occurred:

Name(s) and Telephone Number(s) of Witness(es):

Does Elevator have a Permit to Operate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Inspection:
Name of Person Filing Report (Please Print Clearly)	Company or Firm
Signature of Person Filing Report	Date of this Report

**Reports Shall Be Filed With the Madison Fire Department Elevator Division Within 48 Hours of Accident  
A Copy of This Report Shall Be Forwarded to the Owner**