TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 ● Austin, Texas 78711-2157
(800) 803-9202 ● (512) 539-5725 ● FAX (512) 539-5729
www.tdlr.texas.gov ● cs.elevators.escalators@tdlr.texas.gov

TDLR ESCALATOR INCIDENT REPORT

BUILDING OWNER OR REPRESENTATIVE MUST REPORT ALL ACCIDENTS INVOLVING EQUIPMENT TO THE DEPARTMENT, USING A DEPARTMENT APPROVED FORM, BY THE FASTEST MEANS AVAILABLE AND IN WRITING WITHIN 24 HOURS.

Date: _____ **Time:** _____ **ELBI #:** _____

Building Name: _____

Building address: _____
Number, Street Name

_____
City State Zip Code

Contact on site: _____ **Phone Number:** ( ) _____

Email Address: _____

Name of person making report: _____

Nature of injury: _____

Name of injured: _____ **Age:** _____

Description of incident: _____

_____

_____

_____

Type of equipment: _____ **Decal Number:** _____

Manufacturer of Equipment: _____

Step width of escalator: _____

Missing comb teeth: Yes: _____ **No:** _____

Step to skirt measurement: _____

Comments: _____

_____

_____

_____

_____

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