



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

elevator@tdlr.texas.gov • www.tdlr.texas.gov

ELEVATOR AND ESCALATOR ACCIDENT, INCIDENT AND REPORTABLE CONDITION REPORT INSTRUCTIONS

The building owner or owner's agent must use the current Department-approved Elevator and Escalator Accident, Incident and Reportable Condition Report to report all accidents, incidents and reportable conditions involving equipment and a person within 24 hours of its occurrence.

All sections of this form must be completed, and the building owner or owner's agent must sign the form. All information provided must be typed or printed legibly. **No sections may be left blank.** Failure to include all information will result in a delay in processing and the form will be returned to the building owner or owner's agent.

- **DATE and TIME** – Provide the date and time that the accident, incident or reportable condition occurred.
- **BUILDING INFORMATION** – Provide the following information listed below using the most recent elevator or escalator Certificate of Compliance or Inspection Report.
 - **ELBI #** – Provide the ELBI number assigned to the building.
 - **DECAL NUMBER** – Provide the decal number for the specific unit of equipment involved.
 - **BUILDING NAME** – Provide the name of the building where the accident, incident or reportable condition occurred.
 - **BUILDING ADDRESS** – Provide the physical location for the building when the accident, incident or reportable condition occurred.
- **CONTACT ON-SITE INFORMATION** – Provide the following information of the current building or facility contact person (preferably on-site).
 - **CONTACT NAME** – Provide the name of current building or facility contact person (preferably on-site).
 - **EMAIL ADDRESS** – Provide the current business email address for the current building or facility contact person.
 - **PHONE NUMBER** – Provide the current phone number for the current building or facility contact person to include the area code prefix.
- **NAME OF PERSON COMPLETING REPORT INFORMATION** – Provide the following information of the person who is completing this report. If the name of the person completing this report is the same as the on-site contact, you do not have to complete this section.
 - **NAME OF PERSON COMPLETING REPORT** – Provide the name of the person who is completing this report.
 - **EMAIL ADDRESS** – Provide the current business email address of the person completing this report.
 - **PHONE NUMBER** – Provide the current phone number for the person completing this report to include the area code prefix.
- **NATURE OF INJURY** – Check the box or boxes that indicates the nature of the injury of the accident, incident or reportable condition that is being reported.
- **NUMBER OF PERSONS INVOLVED** – Provide the total number of all individuals involved in the accident, incident or reportable condition.
- **NAME OF PERSONS INVOLVED** – Provide the name of person(s) involved in the accident, incident or reportable condition.
- **PHONE NUMBER** – Provide the current phone number for person involved in the accident, incident or reportable condition, if applicable.
- **DESCRIPTION OF INCIDENT** – Provide a clear and concise description of the accident, incident or reportable condition, being as detailed as possible. Indicate what, if any, corrective steps were taken.
- **TYPE OF EQUIPMENT** – Check the box that identifies the type of equipment that was involved in the accident, incident or reportable condition.

- CONTRACTOR COMPANY NAME & PHONE NUMBER – Provide the name of the current Elevator or Escalator Contractor that has been contracted to provide services to the building or facility location. Provide a current phone number for the contractor company.
- ELEVATOR INFORMATION – Provide the following information regarding the elevator equipment that was involved in the accident, incident or reportable condition.
 - MANUFACTURER OF EQUIPMENT – Provide the name of the manufacturer.
 - TYPE OF DOOR PROTECTION – Check the box that identifies the type of door protection. The options are “Door Detector” or “Safety Shoe Assembly”.
 - TYPE OF DOOR – Check the box that identifies the type of door. The options are “Horizontal Opening” or “Vertical Opening”.
 - DATE OF LAST INSPECTION – Provide the date of the last inspection that was conducted on the equipment. This information can be located on the “Elevator/Escalators and Related Equipment Report of Inspection”.
- ESCALATOR INFORMATION – Provide the following information regarding the escalator equipment that was involved in the accident, incident or reportable condition.
 - MANUFACTURER OF EQUIPMENT – Provide the name of the manufacturer.
 - MISSING COMB TEETH – Check the box that indicates if there are any missing comb teeth. The options are “Yes” or “No”.
 - TYPE OF UNIT – Check the type of the escalator unit. The options are “Up Escalator Unit” or “Down Escalator Unit”.
 - DATE OF LAST INSPECTION – Provide the date of the last inspection that was conducted on the equipment. This information can be located on the “Elevator/Escalators and Related Equipment Report of Inspection”.

SEND THE COMPLETED FORM VIA EMAIL **WITHIN 24 HOURS** TO: elevator@tdlr.texas.gov

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at: <https://www.tdlr.texas.gov/elevator/>. For other issues, you may contact Customer Service Representatives by calling (800) 803-9202 (in state only), or (512) 463-6599, Relay Texas - TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

TDLR Public Information Act Policy: This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the TDLR Public Information Act Policy at: <https://www.tdlr.texas.gov/disclaimer.htm#PublicInfoPolicy>.



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

elevator@tdlr.texas.gov • www.tdlr.texas.gov

ELEVATOR AND ESCALATOR ACCIDENT, INCIDENT AND REPORTABLE CONDITION REPORT

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

Date:	Time: am pm	ELBI #:	Decal Number:
-------	----------------	---------	---------------

Building Name:

Building Address:

Street Number, Street Name, City, State, Zip Code

Contact On-Site:	Email Address:	Phone Number:
------------------	----------------	---------------

If the name of the person completing this report is different from the facility contact listed above,

Name of Person Completing Report:	Email Address:	Phone Number:
-----------------------------------	----------------	---------------

Nature of Injury: (select all that apply)	!!!!Entrapment	No Bodily Injury	!!!!!!Bodily Injury	!!Serious Bodily Injury	Fatality
--	----------------	------------------	---------------------	-------------------------	----------

Number of Persons Involved:	Name of Person(s) Involved:	Phone Number:
-----------------------------	-----------------------------	---------------

Description of Accident, Incident or Reportable Condition:
--

Type of Equipment: Traction (elevator) Hydraulic (elevator)	Electric (escalator)	Contractor Company Name:	Phone Number:
--	----------------------	--------------------------	---------------

ELEVATOR INFORMATION:

Manufacturer of Equipment:	Type of Door Protection: Door Detector Safety Shoe Assembly	Type of Door: Horizontal Opening Vertical Opening	Date of Last Inspection:
----------------------------	---	---	--------------------------

ESCALATOR INFORMATION:

Manufacturer of Equipment:	Missing Comb Teeth: Yes No	Type of Unit: Up Escalator Unit Down Escalator Unit	Date of Last Inspection:
----------------------------	----------------------------------	---	--------------------------