**ELEVATOR / ESCALATOR ACCIDENT REPORT**

*Personal information provided may be used for secondary purposes per Privacy Law s.15.04 (1)(m)*

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| **Building Name** | **Building Owner** | **Regulated Object #** |
| **Site Address** | **More than first-aid required? Yes** **No**  *if NO report is not required* | **Elevator Contractor** |
| **City, State, Zip** | **Was there a fatality? Yes**  **No**  *if YES must be reported within 24 hours* | **Permit Expiration Date** |

**Per SPS 318.1013 Accident reporting is required when any bodily injury requiring more than first-aid treatment occurs. In the event of an accident the owner or owner's agent shall:**

1. **Remove the conveyance from service immediately – must remain out of service until authorized to be returned to operation by a Department of Safety and Professional Services elevator inspector**
2. **Notify the Department immediately**

* **During normal business hours (608) 266-2112**
* **After hours via Wisconsin Emergency Management (800) 943-0003**

1. **Notify elevator service contractor**
2. **Submit completed accident report to the DSPS Elevator Program Section Chief by mail, via fax (608) 267-9273 or by email at** [**dspssbelevatortech@wi.gov**](mailto:dspssbelevatortech@wi.gov)

* **Within 24 hours if there is a fatality**
* **Within 48 hours if more than 1st aid required**

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| **Name of Injured** | **Address** | **Date and Time of Accident** |
| **Telephone Number** | **City, State** | **Injury Sustained** |

**Description of Accident:**

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| **Witness (if applicable)** | **Witness Phone #** |
| **Person Filing Report (please print)** | **Phone #** |
| **Title** | **Company or Firm** |
| **Signature of Person Filing Report** | **Date** |

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