



ELEVATOR / ESCALATOR ACCIDENT REPORT

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

Building Name	Building Owner	Regulated Object #
Site Address	More than first-aid required? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>if NO report is not required</i>	Elevator Contractor
City, State, Zip	Was there a fatality? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>if YES must be reported within 24 hours</i>	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
3. Notify elevator service contractor
4. Submit completed accident report to the DSPS Elevator Program Section Chief by mail, via fax (608) 267-9273 or by email at dspsbelevortech@wi.gov
 - Within 24 hours if there is a fatality
 - Within 48 hours if more than 1st aid required

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

Description of Accident:

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