

Construction Codes and Licensing/Elevator Inspections

443 Lafayette Road North

St. Paul, MN 55155-4341

Phone: 651-284-5071

Email: Elevator.Inspections.DLI@state.mn.us

Elevator Incident Reporting Form

PRINT IN INK or TYPE

1. Owners or managers shall use this form to report personal injury accidents or damage to equipment when they occur on, about, or in connection with an elevator related device.
2. Phone notification is allowed, however this form must be submitted within 1 working day of the incident.
3. Incidents will be investigated. Investigations may be by on-site inspection, correspondence, or by telephone.
4. The owner or manager will be notified within one working day of the investigation of any action taken by the department, and the basis for the action. Notification will include specific details.
5. The owner or manager will be provided with the opportunity to discuss any aspect of incident, or resultant investigation with the state elevator inspector.
6. Questions or concerns regarding incidents shall be directed to the elevator inspector.
7. Pursuant to the Data Practices Act (Minnesota Statutes Chapter 13) investigation reports are private until the investigation is complete and the file is closed. Only the state elevator inspector, the state building inspector or the commissioner may close a file.

This form is provided to assist in filing a report of accidents or damage to elevator related equipment under the jurisdiction of the Department of Labor and Industry, Construction Codes and Licensing Division, Elevator Safety Section.

REPORT TYPE:

ACCIDENT

DAMAGED EQUIPMENT

ACCIDENT SECTION

Medical attention required? YES NO

Have there been reports of erratic operation or malfunction on this device? YES NO

Briefly describe the reported accident:

DAMAGED EQUIPMENT SECTION:

Did the damage result in a threat to life or physical safety, or damage to the property structure? YES NO

Briefly describe the extent of the damage to the elevator related device:

ELEVATOR RELATED DEVICE IDENTIFICATION(State ID# or building device designation)

Was this report filed by phone also? YES NO

If YES, who reported it and when?

YOUR NAME

TITLE

YOUR PHONE

SITE NAME

SITE PHONE

SITE ADDRESS

CITY

ZIP CODE

SIGNATURE

DATE

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

Office Use Only

DATE RECEIVED

TIME

ELEVATOR MN ID#

RECEIVED BY