

**DBPR HR-7016 – Division of Hotels and Restaurants, Bureau of Elevator Safety  
Elevator Owners Accident Report**

Florida law requires certificate of operation holders to submit the following form to the division in the event of an elevator accident. Failure to file this report within 5 working days of the accident could result in a fine of up to \$1,000.

SECTION 1 – EQUIPMENT LOCATION				
License Number	<input type="checkbox"/> Elevator	<input type="checkbox"/> Escalator	<input type="checkbox"/> Moving Walkway	<input type="checkbox"/> Wheelchair Lift
Medical Attention Req'd <input type="checkbox"/> Y <input type="checkbox"/> N	Accident/Entrapment Date (mm/dd/yyyy)		Time of Accident/Entrapment Hour Minute <input type="checkbox"/> AM <input type="checkbox"/> PM	
Owner Name			Business Name (DBA)	
Elevator Location Address			City	
County	State	Zip Code	Phone Number	
SECTION 2 - SERVICE MAINTENANCE				
Is the elevator or escalator under a service maintenance contract? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Elevator Maintenance Company				
Was the elevator service maintenance company notified? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, indicate date (mm/dd/yyyy)	
Most recent required test performed <input type="checkbox"/> 6 mo. <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3yrs. <input type="checkbox"/> 5yrs.			Test Date (mm/dd/yyyy)	
SECTION 3 – ACCIDENT DETAILS				
Brief Narrative: (attach additional sheets as necessary)				
<b>PLEASE CHECK ALL THAT APPLY</b>				
<input type="checkbox"/> Trapped in Elevator	<input type="checkbox"/> Fall	<input type="checkbox"/> Bruises	<input type="checkbox"/> Head	<input type="checkbox"/> Hand
	<input type="checkbox"/> Trip	<input type="checkbox"/> Cuts	<input type="checkbox"/> Arm	<input type="checkbox"/> Leg
			<input type="checkbox"/> Fingers	<input type="checkbox"/> Hair
			<input type="checkbox"/> Torso	<input type="checkbox"/> Toes
Other Factors: <input type="checkbox"/> Carryon Items/Packages <input type="checkbox"/> Stroller <input type="checkbox"/> Safety Issues <input type="checkbox"/> Mechanical <input type="checkbox"/> Other				
Clothing/Footwear Involved: <input type="checkbox"/> Sleeves <input type="checkbox"/> Purse <input type="checkbox"/> Shoes <input type="checkbox"/> Dress/skirt <input type="checkbox"/> Pants <input type="checkbox"/> Coat <input type="checkbox"/> Other				
Equipment Involved: <input type="checkbox"/> Door Open <input type="checkbox"/> Step–Stair Tread <input type="checkbox"/> Floor Leveling <input type="checkbox"/> Esc. Side Wall <input type="checkbox"/> Esc. Railing				
Witnessed Activities: <input type="checkbox"/> Unsafe Rider Behavior <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other				
Post Event Inspection <input type="checkbox"/> Y <input type="checkbox"/> N		Performed by Elevator Personnel Lic.#:		Date
Unit Cleared for Continued Use: <input type="checkbox"/> Y <input type="checkbox"/> N		Cleared by Elevator Personnel Lic.#:		Date
SECTION 4 – REPORTING SIGNATURE				
Elevator Owner or Authorized Rep (print name)		Date	Title	Current Certificate? <input type="checkbox"/> Y <input type="checkbox"/> N
Signature			Phone Number	

**Disclaimer:** This report will assist the division in identifying ways to improve rider safety and will not be used to assign blame or liability. Florida law requires the elevator’s certificate of operation holder to submit the report to the Bureau of Elevator Safety within 5 working days of the accident. You may fill in the online form or Portable Document Format (PDF) version of this report, save it to your hard drive and e-mail it to: [thr.elevators@myfloridalicense.com](mailto:thr.elevators@myfloridalicense.com), or you may mail the report to:

**Department of Business and Professional Regulation,  
Division of Hotels and Restaurants, Bureau of Elevator Safety,  
2601 Blair Stone Road  
Tallahassee, FL 32399-1013**

