

STATE OF TENNESSEE  
**ELEVATOR/ESCALATOR ACCIDENT REPORT**

STATE/TENN NO \_\_\_\_\_

Name of Owner/User \_\_\_\_\_ Owner/User Tel # \_\_\_\_\_

Type of Elevator \_\_\_\_\_ # Floors \_\_\_\_\_ Fl Accident Occurred \_\_\_\_\_ Date of Accident \_\_\_\_\_  
(Traction, Hydraulic, etc.)

Type accident \_\_\_\_\_ Location of Accident \_\_\_\_\_  
(Passenger tripped, Mechanical, etc.) Address City & State

Type of business where used \_\_\_\_\_ Used for \_\_\_\_\_  
(Office, Apartment, School, Nursing Home, etc.) (Passenger, Freight, Chairlift, etc.)

Manufacturer of elevator \_\_\_\_\_

Date of last inspection \_\_\_\_\_ Inspection permit current?  Yes  No Expiration Date \_\_\_\_\_

Name of person injured \_\_\_\_\_ Number of persons injured \_\_\_\_\_ Dollar Amount of property damage \_\_\_\_\_

Medical assistance required  Yes  No Elevator Maintenance Co. \_\_\_\_\_

Briefly describe apparent cause of accident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send copy to:  
Tennessee Department of Labor  
Boiler & Elevator Division  
220 French Landing Drive  
Nashville, TN 37243-0663

Inspector \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_