Accident Report

Mail or Fax this form to:
State of Ohio, Department of Commerce
Elevator Inspection Section
6606 Tussing Road • P.O. Box 4009
Reynoldsburg, OH 43068-9009 Phone 614-995-5133 Fax 614-644-3580
www.com.ohio.gov

John R. Kasich
Governor

David Goodman
Director

This form shall be filed with the Division of Industrial Compliance within 72 hours of any accident that results in a fatality or bodily injury requiring medical attention involving the operation or usage of an elevator device subject to sections 4105.0 to 4105.21 of the Ohio Revised Code.

Location

State ID: _____

Name of Building: _____ County: _____

Contact Person: _____Telephone: _____

Address: _____ City: _____Zip: _____

Accident Information

Date of accident: _____ Time of Accident: _____

Name of Injured: _____ Phone: _____

Address: _____ City: _____State:_____ Zip: _____

Name of Injured: _____ Phone: _____

Address: _____ City: _____State:_____ Zip: _____

Name of Injured: _____ Phone: _____

Address: _____ City: _____State: _____ Zip: _____

Description of the Accident:

(Explain what occurred, the direction the unit was traveling, list any witness and describe the nature of the injuries.)

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