



Elevator Accident Report

This form shall be filed with the Division of Industrial Compliance within 72 hours of any accident resulting in a fatality or bodily injury requiring medical attention involving the operation or usage of an elevator device subject to Section 4105 of the Ohio Revised Code.

Please Fax: 614-644-2428 or Email: elevators@com.ohio.gov

Owner ID:		State ID:	
Location:		Address:	
City:	ZIP:	County:	
Contact Person:	Phone:	Email:	

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.)
