Ohio | Department of Commerce

Division of Industrial Compliance

John R. Kasich, Governor
Jacqueline T. Williams, Director

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.

Mail, 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: **OH** ZIP:_____

Name of Injured:_____ Phone:_____
Address:_____ City:_____ State: **OH** ZIP:_____

Name of Injured:_____ Phone:_____
Address:_____ City:_____ State: **OH** 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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