**MIAMI-DADE COUNTY**
**INTERNAL SERVICES DEPARTMENT**
**FACILITIES and UTILITIES MANAGEMENT DIVISION**
**OFFICE of ELEVATOR SAFETY**
**201 West Flagler Street**
**Miami, FL 33130-1510**
Ph: 305.375.1577
Fax: 305.372.6367
www.miamidade.gov

**399.125 Reporting of elevator accidents; penalties.**--Within 5 working days after any accident occurring in or upon any elevator, the certificate of operation holder shall report the accident to the division on a form prescribed by the division. Failure to timely file this report is a violation of this chapter and will subject the certificate of operation holder to an administrative fine, to be imposed by the division, in an amount not to exceed $1,000. *Within Miami-Dade County, accidents are to be reported to Miami-**Dade County on this form***

## SECTION 1 – EQUIPMENT LOCATION

| Serial Number | ☐ Elevator ☐ Escalator | ☐ Moving Walkway ☐ Wheelchair Lift | Accident Date (mm/dd/yyyy) Time of Accident Hour Minute ☐ AM ☐ PM |
|---|---|---|---|
| Owner Name | | | Business Name |
| Building Address | | | City |
| County | State | Zip Code | Phone Number |

## SECTION 2 - SERVICE MAINTENANCE

| | | |
|---|---|---|
| Is the elevator or escalator under a service maintenance contract? ☐ Yes ☐ No ☐ Unknown | | |
| Name of Elevator Maintenance Company | | |
| Was the elevator service maintenance company notified? ☐ Yes ☐ No If yes, indicate date (MM/DD/YYYY) | Most recent required test performed? ☐ 6 months ☐ 1 year ☐ 3 years ☐ 5 years | Test Date (mm/dd/yyyy) |

## SECTION 3 – ACCIDENT DETAILS

Brief Narrative: (attach additional sheets as necessary)

***PLEASE CHECK ALL THAT APPLY***

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Medical Attention Req'd ☐ Y ☐ N | ☐ Fall | ☐ Bruises | ☐ Entrapment | ☐ Hand | ☐ Fingers | ☐ Hair | ☐ Other |
| | ☐ Trip | ☐ Cuts | ☐ Arm | ☐ Leg | ☐ Knee | ☐ Foot | ☐ Toes ☐ Torso |

Other Factors: ☐ Carryon Items/Packages ☐ Stroller ☐ Safety Issues ☐ Mechanical ☐ Other

Clothing/Footwear Involved: ☐ Sleeves ☐ Purse ☐ Shoes ☐ Dress/skirt ☐ Pants ☐ Coat ☐ Other

Equipment Involved: ☐ Door Open ☐ Step–Stair Tread ☐ Floor Leveling ☐ Esc. Side Wall ☐ Esc. Railing

Witnessed Activities: ☐ Unsafe Rider Behavior ☐ Equipment Malfunction ☐ Other

| | | | |
|---|---|---|---|
| Post Event Inspection Req'd ☐ Y ☐ N | Performed by: | | Date |
| (Optional) Unit Cleared for Continued Use: ☐ Y ☐ N | Cleared By: | CEI # | Date |

## SECTION 4 – REPORTING SIGNATURE

| | | | |
|---|---|---|---|
| Report Submitted by (print name) Date | Title | | Current Certificate ? ☐ Y ☐ N ☐ NA |
| Signature | Phone Number | Contracted Jurisdiction | |

**Disclaimer:** This report is not intended to ascertain fault or to establish liability. The statutorily required completion enables the County to capture data for trending and analysis to improve rider safety. The report must be returned to the Office of Elevator Safety within 5 days of the accident to:

Miami-Dade County
ISD/Facilities and Utilities Management Div, Office of Elevator Safety,
201 West Flagler Street
**24 Hr. Accident Tel. # 305-375-1555 Miami, FL 33130-1510 FAX: 305-372-6367**