

# Mississippi Elevator Safety Division Accident Report Form

**BUILDING OWNER OR REPRESENTATIVE MUST REPORT ALL ACCIDENTS INVOLVING EQUIPMENT TO THE DEPARTMENT, USING A DEPARTMENT APPROVED FORM, BY THE FASTEST MEANS AVAILABLE AND IN WRITING WITHIN 72 HOURS.**

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Fax# 601-359-2474

Or Scan and Email to: conveyance@mid.ms.gov

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Elevator Equipment # \_\_\_\_\_

Building Name: \_\_\_\_\_

Building address: \_\_\_\_\_  
Number, Street Name

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact on site: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

Name of person making report: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nature of injury: \_\_\_\_\_

Name of injured: \_\_\_\_\_ Age: \_\_\_\_\_

Description of incident: \_\_\_\_\_

Type of equipment: \_\_\_\_\_ Last Inspection \_\_\_\_\_

Manufacturer of Equipment: \_\_\_\_\_

Capacity of elevator: \_\_\_\_\_ Speed of elevator: \_\_\_\_\_ Type of door: \_\_\_\_\_

Type of door protection: \_\_\_\_\_

Door torque: \_\_\_\_\_ Kinetic energy: \_\_\_\_\_

Door time to open: \_\_\_\_\_ Door time to close: \_\_\_\_\_

Nudging torque: \_\_\_\_\_

Door operation comments (optional) \_\_\_\_\_

Elevator/Escalator operation comments (optional) \_\_\_\_\_

Comments: \_\_\_\_\_

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