



Safety Inspection Unit
Elevator/Escalator Safety
Accident/Incident/Complaint Form

Upon completion, please email this form to Safe4u@dllr.state.md.us, or Fax to 410-333-7721

ACCIDENT (Injury) INCIDENT (Mechanical) COMPLAINT

MD Reg/Jurisdiction #:		Date Reported:	
Date of Occurrence:		Reported By:	
Time of Occurrence:		Phone:	
Location/Address:			
Site Contact:		Contact Phone:	
Other Documents:			
Description of Occurrence (include primary cause, injuries sustained and property damaged, if any):			
Action Taken (unit shut down, ambulance called, Emergency Care Provider, etc.):			
Name of Injured:			
Address:			
City, State, Zip:			
Phone:			

Your Name: _____

Date: _____

P: 410.767.2990 • F: 410.333.7721 • WWW.DLLR.MARYLAND.GOV/LABOR/SAFETY

LARRY HOGAN, GOVERNOR • BOYD K. RUTHERFORD, LT. GOVERNOR • KELLY M. SCHULZ, SECRETARY