



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

Upon completion, please email this form to Elevator.Safety@maryland.gov

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: _____