

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.

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: _____ MS Unit ID Number _____

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: _____

