



TEXAS DEPARTMENT OF LICENSING AND REGULATION  
 PO Box 12157 ● Austin, Texas 78711-2157  
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 www.tdlr.texas.gov ● cs.elevators.escalators@tdlr.texas.gov

## TDLR ELEVATOR INCIDENT REPORT

**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 24 HOURS.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ELBI #: \_\_\_\_\_

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: \_\_\_\_\_ Decal Number: \_\_\_\_\_

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

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