Department of Commerce

Division of Industrial Compliance

John R. Kasich, Governor
Jacqueline T. Williams, Director

ACCIDENT REPORT

This form shall be filed with the Division of Industrial Compliance within 72 hours of any accident that results in a fatality or bodily injury requiring medical attention involving the operation or usage of an elevator device subject to sections 4105.0 to 4105.21 of the Ohio Revised Code.

Location

State ID:_____

Name of Building:_____County:_____

Contact Person:_____Telephone:_____

Address:_____City:_____Zip:_____

Accident Information

Date of Accident:_____Time of Accident:_____

Name of Injured:_____Phone:_____

Address:_____City:_____State:__**OH**__Zip:_____

Name of Injured:_____Phone:_____

Address:_____City:_____State:__**OH**__Zip:_____

Name of Injured:_____Phone:_____

Address:_____City:_____State:__**OH**__Zip:_____

Description of the Accident:

(Explain what occurred, the direction the unit was traveling, list any witness and describe the nature of the injuries.)

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Bureau of Operations & Maintenance - Elevators
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An Equal Opportunity Employer and Service Provider

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