



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

elevator@tdlr.texas.gov • www.tdlr.texas.gov

TDLR ELEVATOR AND ESCALATOR INCIDENT REPORT

BUILDING OWNER OR REPRESENTATIVE MUST REPORT ALL INCIDENTS/ACCIDENTS INVOLVING EQUIPMENT AND A PERSON TO THE DEPARTMENT, USING A DEPARTMENT APPROVED FORM, BY THE FASTEST MEANS AVAILABLE AND IN WRITING WITHIN 24 HOURS.

Date:	Time:	ELBI #:	Decal Number:
Building Name:			
Building Address:			
Street Number, Street Name, City, State, Zip Code			
Contact on Site:	Email Address:	Phone Number:	
		(Area Code) Phone Number	
If the name of the person completing this report is different from the facility contact listed above, please complete this section:			
Name of Person Completing Report:	Email Address:	Phone Number:	
		(Area Code) Phone Number	
Nature of Injury: (Check all that apply)	Entrapment	No Bodily Injury	Bodily Injury
			Serious Bodily Injury
			Fatality
Number of Persons Involved:	Witness Name (if applicable):	Phone Number:	
Description of Incident:			
Type of Equipment:	Traction (elevator)	Contractor Company Name:	Phone Number:
	Hydraulic (elevator)		
	Electric (escalator)		
ELEVATOR INFORMATION:			
Manufacturer of Equipment:	Type of Door Protection:	Type of Door:	Date of Last Inspection:
	Door Detector	Horizontal Opening	
	Safety Shoe Assembly	Vertical Opening	
ESCALATOR INFORMATION:			
Manufacturer of Equipment:	Missing Comb Teeth:	Type of Unit:	Date of Last Inspection:
	Yes No	Up Escalator Unit	
		Down Escalator Unit	