Ohio | Department of Commerce
Division of Industrial Compliance

Elevator Accident Report

This form shall be filed with the Division of Industrial Compliance within 72 hours of any accident resulting in a fatality or bodily injury requiring medical attention involving the operation or usage of an elevator device subject to Section 4105 of the Ohio Revised Code.

Please Fax: 614-644-2428 or Email: elevators@com.ohio.gov

Owner ID:	**State ID:**	
Location:	Address:	
City:	ZIP:	County:
Contact Person:	Phone:	Email:

Accident Information

Date of Accident:_____ Time of Accident:_____

Name of Injured:_____ Phone:_____
Address:_____ City:_____ State: ZIP:_____

Name of Injured:_____ Phone:_____
Address:_____ City:_____ State: ZIP:_____

Name of Injured:_____ Phone:_____
Address:_____ City:_____ State: 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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_____
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_____

Bureau of Operations & Maintenance – Elevators
6606 Tussing Road
Reynoldsburg, OH 43068-9009
Form Name: DIC-18-0005
Date Updated: 2/2019

614-644-2223
Fax 614 -644-2428
TTY/TDD 800-750-0750
com.ohio.gov

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