



UPON COMPLETION PLEASE FAX THIS FORM TO
410-333-7721

Division of Labor and Industry

Safety Inspection Unit

DLLR Home Page: <http://www.dllr.state.md.us>

DLLR E-mail: safe4u@dllr.state.md.us

Phoned in ?

<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> INCIDENT	<input type="checkbox"/> COMPLAINT
<input type="checkbox"/> ELEVATOR	<input type="checkbox"/> BOILER	<input type="checkbox"/> AMUSEMENT RIDE

Registration #: <input type="text"/>	Date Reported: <input type="text"/>
Date of Occurrence: <input type="text"/>	Reported by: <input type="text"/>
Time of Occurrence: <input type="text"/>	Phone Number: <input type="text"/>
Location: <input type="text"/>	Site Contact: <input type="text"/>
Operator Name/Age: <input type="text"/> <input type="text"/>	Contact Phone Number: <input type="text"/>
	Other Documents: <input type="text"/>

Description of Occurrence (include primary cause, injuries sustained and property damaged, if any):



Action Taken (unit shut down, ambulance called, etc.):



Name of Injured: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Emergency Care Provided By: _____

Witness Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Your Signature: _____ Date: _____