



*Safety Inspection Unit  
Elevator/Escalator Safety  
Accident/Incident/Complaint Form*

Upon completion, please email this form to [SAFE.4U@maryland.gov](mailto:SAFE.4U@maryland.gov)

ACCIDENT (Injury)       INCIDENT (Mechanical)       COMPLAINT

|   |  |                |  |
|---|--|----------------|--|
| MD Reg/Jurisdiction #:  |  | Date Reported: |  |
| Date of Occurrence:   |  | Reported By:   |  |
| Time of Occurrence:   |  | Phone:         |  |
| Location/Address:   |  |                |  |
| Site Contact:   |  | Contact Phone: |  |
| Other Documents:  |  |                |  |
| Description of Occurrence (include primary cause, injuries sustained and property damaged, if any): |  |                |  |
|   |  |                |  |
| Action Taken (unit shut down, ambulance called, Emergency Care Provider, etc.):                     |  |                |  |
|   |  |                |  |
| Name of Injured:  |  |                |  |
| Address:  |  |                |  |
| City, State, Zip:   |  |                |  |
| Phone:  |  |                |  |

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_