



# UCC ELEVATOR DEVICES - ACCIDENT/INCIDENT REPORT

MUNICIPALITY: \_\_\_\_\_ DATE OF ACCIDENT: \_\_\_\_\_

Date when accident is reported to municipality: \_\_\_\_\_

Accident reported by: Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Building Address: \_\_\_\_\_

Building Use: \_\_\_\_\_ Registration #: \_\_\_\_\_

Inspection Cycle: \_\_\_\_\_ Device: ID: \_\_\_\_\_ Type: \_\_\_\_\_

Owner: Name: \_\_\_\_\_

ADDRESS CITY STATE ZIP CODE

Name(s) of the injured: \_\_\_\_\_

Accident resulted in: Death: \_\_\_\_\_ Injury: \_\_\_\_\_

Last inspection prior to accident: Date: \_\_\_\_\_ Type: \_\_\_\_\_

Performed By: \_\_\_\_\_

License Number

Name

Were violations cited: YES \_\_\_\_\_ NO \_\_\_\_\_

Attach a copy of the latest inspection report prior to the accident and a copy of the list of violations when cited.

Latest certificate granted: Type: \_\_\_\_\_ Date Issued: \_\_\_\_\_

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

List of Codes; Reference Standards the device shall be in compliance with:

\_\_\_\_\_  
\_\_\_\_\_

Device Data: Capacity: \_\_\_\_\_ Speed: \_\_\_\_\_ # of Floors Served: \_\_\_\_\_

Operation(s): \_\_\_\_\_ Machine type: \_\_\_\_\_

Door type: Hoistway \_\_\_\_\_ Car \_\_\_\_\_

Device Under Maintenance Contract: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, name of maintenance company: \_\_\_\_\_

NOTE: U.C.C F310 form shall be used to record S/U conditions and violations found during a special inspection.

Construction Official: \_\_\_\_\_

Name

Signature

Report prepared by: \_\_\_\_\_

Name

Signature