



STATE OF NEW HAMPSHIRE

DEPARTMENT OF LABOR
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George N. Copadis
Labor Commissioner

David M. Wihby
Deputy Labor
Commissioner

ELEVATOR ACCIDENT REPORT

NHE#: _____

RSA 157-B:15 Notice of Accidents. The owner shall report every elevator and accessibility lift accident, whether or not it results in injury to a person or damage to the equipment, to the Commissioner within 48 hours after its occurrence. The inspection certificate for the involved elevator or accessibility lift may be suspended if a qualified inspector inspects the elevator or accessibility lift and finds it to be unacceptable. An owner who willfully refuses or neglects to make such a report shall be fined not more than \$25.

Name of injured: _____
First Name Middle Name Last Name

Address: _____
City State Zip

Tel Number: _____ Male Female

Date of Injury _____ Day of Week _____ Hour of Day _____

Date Accident Reported to Owner/Lessee: _____

Owner/Lessee: _____ Tel. No. _____

Office Address: _____
City State Zip

Location of Bldg/Place Accident Occurred: _____

_____ Tel No: _____

Was there any damage to equipment?: _____ Please Explain: _____

Was an elevator inspector/mechanic notified? _____

If so, name and number of person notified: _____

Time and date of notification: _____

Describe fully how accident occurred and state what injured was doing when accident occurred: _____

Name and Address of Witness: _____

Nature and Location of Injury: _____

Was accident fatal?: _____ Non Fatal: _____

Date of this Report: _____ Date of Last Inspection: _____

Was Certificate Issued?: _____

By: _____
NH State Elevator Inspector Inspector Number