

# State of New Hampshire



Department of Labor

PO Box 2076

Concord, NH 03302-2076

P: 603-271-2585

<http://www.nh.gov/labor>

## 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 \$25.00.

Date Accident Reported to Owner/Lessee: \_\_\_\_\_

Owner/Lessee Legal Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Office/Mailing Address: \_\_\_\_\_  
*Street/PO Box* *City* *State* *Zip*

Email: \_\_\_\_\_ Name/Title of person submitting report: \_\_\_\_\_

Physical Address of where accident occurred: \_\_\_\_\_

Location of the building where accident occurred: \_\_\_\_\_

Was there any injury to a person? Yes  No  Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Describe fully how accident occurred and, if there was an injury, state what injured was doing when the accident occurred. If additional space is needed, please attach additional page.

If applicable, Name of injured person: \_\_\_\_\_  
*First Name* *M.I.* *Last Name*

Address: \_\_\_\_\_  
*Street/PO Box* *City* *State* *Zip* *Tel. No.*

Nature and location of injury: \_\_\_\_\_

Was accident fatal? Yes  No

If applicable, name, address & telephone number of any witness(es). Use additional pages, if necessary.

Was there any damage to equipment? Yes  No  If yes, describe damage. Use additional pages, if necessary.

• Was an elevator inspector/mechanic notified? \_\_\_\_\_

• If so, name and number of person notified: \_\_\_\_\_ Time and date of notice: \_\_\_\_\_

\*\*\*\*\* If applicable, attach a copy of the elevator inspector or mechanic's report of findings.\*\*\*\*\*

Date of last inspection of elevator: \_\_\_\_\_ Was a certificate issued? Yes  No

Date of this Report: \_\_\_\_\_ Date of the report to the Owner: \_\_\_\_\_

To file this report, email to [B.E.Inspection@dol.nh.gov](mailto:B.E.Inspection@dol.nh.gov) or Fax to 603-271-2668