



## Conveyance Accident Report

<b>DFD</b>	<b>Facility ID #:</b>		<b>Date Received:</b>	
	<b>Conveyance ID #:</b>		<b>Reviewed By:</b>	
<p>Title 9 Article 5.5-110 Colorado Revised Statutes (C.R.S.) of the Elevator and Escalator Certification Act, requires that all conveyance owners shall report to the Administrator or Approved Authority Having Jurisdiction (AHJ), within twenty-four hours, any accident that results in serious injury to an individual. Conveyance Regulation; Section 2-6 Requires that a written report completed by the owner or agent and be filed with the <b>Denver Fire Department</b> within 72 hours of the accident. Following a conveyance accident, the equipment shall not be operated until such operation is approved by the Administrator or Approved AHJ.</p>				
<b>Facility</b>	Building Name:		Address:	
	City:		County:	Zip Code:
<b>Owner</b>	Owner/Mgmt Company:		Address:	
	City:		State:	Zip Code:
	Contact Name:	Email:	Phone:	
	Conveyance Type:		State Registration ID Number:	
<b>Person Completing Report</b>	Name of Person Completing Report:		Phone Number:	
	Name of Injured:		Phone Number:	
	General Nature of Injuries:		Treated by physician (Y/N):	
	Name of Injured:		Phone Number:	
	General Nature of Injuries:		Treated by physician (Y/N):	
	Name of Injured:		Phone Number:	
	General Nature of Injuries:		Treated by physician (Y/N):	
	Time of Accident:	Date of Accident:	Date of Last Inspection:	
	Name of Inspector:		State License Number:	
	Name of witnesses:		Phone Number:	
Name of witnesses:		Phone Number:		
<b>Incident Information</b>	Describe the Incident:			