VERMONT DEPARTMENT OF PUBLIC SAFETY

DIVISION OF FIRE SAFETY

Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team

firesafety.vermont.gov

VERMONT

CONVEYANCE INCIDENT REPORT

This form is to be used by the owner, lease holder or license holder to notify the Department of Public Safety of an elevator or lift incident

This form must be faxed to the Division at (802) 479-7562 within 48hrs.

Incident Date (MM/DD/YY): _____ Incident Time: _____ a.m / p.m

Site Number: _____

Location of Incident: _____ Elevator Tag Number: _____

Elevator Owner Name: _____ Phone Number: _____

Elevator Location Address: _____

Street City Zip

Was the elevator/lift taken out of service? ☐ Yes ☐ No	Has the elevator/lift been put back into service by a licensed elevator Mechanic? ☐ Yes ☐ No If so: ELE:_____Exp Date:_____	Elevator Inspected by: _____ ELI: _____ Exp Date:_____

DPS Notified: ☐No ☐ Yes If yes: ☐ via fax ☐ via phone ☐ via mail

If notified via phone a copy of incident report must follow

Owner Notified: ☐No ☐ Yes If yes: ☐ via fax ☐ via phone ☐ via mail

Incident Summary:

Signature of individual filing report: _____ Date: _____

Printed name (please print legibly): _____

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WITNESS	Name of Witness or Person Present	Address	Phone

INJURED #1		
	Name of Injured:	
	Telephone Number:	Physical Address:
	Medical Provider on-scene? ☐ Yes ☐ No	If Yes, name and telephone # for medical provider:
	Hospitalized? ☐ Yes ☐ No Nature of Injury:	

INJURED #2		
	Name of Injured:	
	Telephone Number:	Physical Address:
	Medical Provider on-scene? ☐ Yes ☐ No	If Yes, name and telephone # for medical provider:
	Hospitalized? ☐ Yes ☐ No Nature of Injury:	

INJURED #3		
	Name of Injured:	
	Telephone Number:	Physical Address:
	Medical Provider on-scene? ☐ Yes ☐ No	If Yes, name and telephone # for medical provider:
	Hospitalized? ☐ Yes ☐ No Nature of Injury:	

Additional Notes: