



State of Arkansas  
Arkansas Department of Labor and Licensing  
Division of Labor  
Elevator Safety Section

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[www.labor.arkansas.gov](http://www.labor.arkansas.gov)

## **REQUIREMENT TO REPORT CONVEYANCE ACCIDENTS INVOLVING INJURY OR FATALITY**

The Arkansas Department of Labor and Licensing Elevator Safety Board requires that all accidents that involve injury, medical attention or a fatality be reported to the Elevator Safety Board within 24 hours of occurrence as required by 010.05-015(H) of the Administrative Rules of the Elevator Safety Board as stated below. The responsible reporting official may use the attached form for submission.

The Administrative Rules of the Elevator Safety Board, State of Arkansas States in part:

### **010.05-015(H) Requirement to Report Accidents**

1. Any mechanical, structural or electrical defects directly affecting rider safety for which a conveyance is closed for use for a period of time more than eight (8) hours, must be reported in writing by the owner or operator to the Department of Labor within twenty-four (24) hours.
2. The owner or operator shall immediately cease to operate any conveyance involved in a fatality or serious physical injury, except to the extent necessary to protect life, limb and property. Such accident shall be reported in writing by the owner or operator within twenty-four (24) hours to the Department of Labor. For the purposes of this requirement, the term “serious physical injury” shall mean any significant injury that requires immediate medical examination or treatment by a licensed physician.
3. Unless authorized in writing by the department, no conveyance may be operated, altered, repaired, or tampered with, except to protect life, limb and property, following an accident involving a serious injury or death until the department has completed an investigation concerning the accident.

A complete version of the rules is available on the Arkansas Department of Labor and Licensing website located at: <https://www.labor.arkansas.gov>

**Arkansas Department of Labor and Licensing**  
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FOR OFFICE USE ONLY	
Received date: _____	Time: _____
Notified date: _____	Time: _____
Filed on time:    Yes    No	
First responder written report:    Yes    No	
Hospital report:    Yes    No	
Initials: _____	

# Conveyance Accident Report

**This form shall be filed with the Arkansas Department of Labor and Licensing Elevator Safety Board within 24 hours of any accident that results in a fatality or bodily injury requiring medical attention and or Emergency Medical Services involving the operation or usage of any type of conveyance device subject to the administrative rules of the Elevator Safety Board 010.05-015(H)**

Owner's name	Owner's ID	State ID	Manufacturer	Accident date/time	
Accident building address			City	State	Zip
Owner's address			City	State	Zip
Phone number	Fax number		Email address		
Type of conveyance:    Escalator    Elevator    Special purpose    Other: _____					
Describe in detail what happened:					

Number of people injured:	Are there videotapes or photographs of the incident? <b>Yes</b> <b>No</b> (If yes, send copies)	
Were safety orders issued at the last inspection? <b>Yes</b> <b>No</b>	Are repairs needed now? <b>Yes</b> <b>No</b> (If yes, attach details of repairs needed)	
Does the conveyance have a permit to operate? <b>Yes</b> <b>No</b>	Date of last inspection:	
Has conveyance been secured from operation? <b>Yes</b> <b>No</b>	If no, why?	
Has conveyance contractor been notified? <b>Yes</b> <b>No</b>	If yes, name/phone number:	

# Conveyance Accident Report

## Witnesses

Name	Address	Phone number	Age
Name	Address	Phone number	Age
Name	Address	Phone number	Age
Name	Address	Phone number	Age

## People Injured

1. Name		Age	Phone number	
Address		City		State   Zip
Email address	If minor, parent/guardian name		Phone number	
Injuries: Fatal?	<b>Yes</b>	<b>No</b>	Require hospitalization?	<b>Yes</b>   <b>No</b>
Require EMS? <b>Yes</b>   <b>No</b>				
Nature of injury:				
2. Name		Age	Phone number	
Address		City		State   Zip
Email address	If minor, parent/guardian name		Phone number	
Injuries: Fatal?	<b>Yes</b>	<b>No</b>	Require hospitalization?	<b>Yes</b>   <b>No</b>
Require EMS? <b>Yes</b>   <b>No</b>				
Nature of injury:				
3. Name		Age	Phone number	
Address		City		State   Zip
Email address	If minor, parent/guardian name		Phone number	
Injuries: Fatal?	<b>Yes</b>	<b>No</b>	Require hospitalization?	<b>Yes</b>   <b>No</b>
Require EMS? <b>Yes</b>   <b>No</b>				
Nature of injury:				

**I certify that the information on this form and attachments (if any) is true and accurate to the best of my knowledge.**

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**Name of Person Filing Report      Phone Number      Firm/Agency Representing      Signature      Date**