



Alabama Department of Labor  
 Inspections Division  
 649 Monroe Street  
 Montgomery, Alabama 36131  
 Office 334-242-3460 Fax 334-353-4528

Robert Bentley  
 Governor  
 G. Thomas Surtees  
 Commissioner

**ELEVATOR/CONVEYANCE INCIDENT REPORT**

Date of Investigation:		Date/Time of Incident:		Certificate Current Yes ( ) No ( )		Jurisdiction No. ALE		Serial No.	
Owner name (If different from Location Name):			Nature of Business			Specific Location of conveyance in building:			
Owner Address:			Owner City:		Owner State		Owner Zip Code		
Location Name:				Location County:					
Location Address:			Location City:		Location State ALABAMA		Location Zip Code:		
Manufacturer's Name:		Speed (FPM)		Rise (In feet)		Openings		Capacity (in pounds)	
Date and Time of Incident:				Date and Time Reported:					
Name of person reporting Incident:			Telephone Number ( ) - Ext			Police/Fire report Yes___ No___			
Name of Injured:		Age:	Address:				Telephone:		
Equipment Type (describe the equipment in detail, age, type, current condition, status of tests, etc.)									
Describe the incident (Use additional sheets and/or additional documentation as necessary):									
Inspector Name and Phone number		Signature of Inspector:		License No.		Company Name:		Person contacted and Phone number:	
		I certify this is a true and correct report of my investigation.  x		AL_____EL		State of Alabama			
								X	

Date: (In this area, place the date of your report (this may not necessarily be the date of the incident or the date of your investigation.)

From: (In this area type Your name, your title, Alabama Dept. of Labor (ADOL) Safety Division.)

To: Ralph Pate, Chief Inspector, ADOL

Subj: (Enter accident/incident report subject including the object jurisdiction number (use all caps))

Encl: (1)  
(2) etc.

(Use enclosures to show and include copies of emails, supporting documents, pictures, and reports used during the course of your investigation.)

1. Background: (In this area, explain the events leading to the cause of the accident/incident report (what caused you to do the investigation.))

2. Location of Accident Site: (In this area, give the detailed info of the location the accident/incident report.)

3. Findings: (In this area, give the detailed findings of your investigation. Reference the enclosures listed above as they are referenced in your investigation.)

4. Conclusion: (In this area, place what you have determined, to the best of your ability, as to the cause of what happened as a result of your investigation.)

5. Recommendations: (In this area, write any recommendation you feel would prevent this from happening again and or recommendations concerning the action taken during and after the accident/incident.)

Your signature  
Your printed name