Elevator Accident Report

This form shall be filed with the North Dakota State Electrical Board within forty-eight (48) hours of any accident resulting in a fatality or bodily injury requiring medical attention involving the operation or usage of an elevator device subject to North Dakota Century Code 43-09-32.

Email: electric@nd.gov

Owner:	**State Elevator ID:**	
Location:	Address:	
City:	ZIP:	County:
Contact Person:	Phone:	Email:

Accident Information

Date of Accident:_____Time of Accident:_____

Name of Injured:_____Phone:_____
Address:_____City:_____State: ZIP:_____

Name of Injured:_____Phone:_____
Address:_____City:_____State: ZIP:_____

Name of Injured:_____Phone:_____
Address:_____City:_____State: ZIP:_____

Description of the Accident:
(Explain what occurred, the direction the unit was traveling, list any witnesses and describe the nature of the injuries.)

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Any question please contact the North Dakota State Electrical Board: 701-328-9522