



**Elevating Device
Incident Reporting Form**
as required by O.Reg 209/01

TYPE - LOCATION - SHUTDOWN	In case of death, serious injury or immediate hazard call:		877-682-8772	Email: ed-incident@tssa.org		ELEVATING DEVICE Installation Number
			☒ = Shut Down ☎ = Call			
Occurrence Type	<input type="checkbox"/> death s36.(1) ☎☎ <input type="checkbox"/> injury with medical attention s36.(1) ☎☎ <input type="checkbox"/> injury without medical attention s36.(2)					
	<input type="checkbox"/> equipment-property damage s36.(2) <input type="checkbox"/> equipment in a hazardous condition s36.(4,5) ☎☎ <input type="checkbox"/> fire, flood, lightening strike s36.(3) ☎☎ <input type="checkbox"/> voluntary reporting of an instance of elevated exposure to risk (No Injury and not covered in s36.(1) through s36.(5))					
Device Type	<input type="checkbox"/> elevator <input type="checkbox"/> escalator / Moving Walk <input type="checkbox"/> Physical Disabilities Lift <input type="checkbox"/> Other, Specify:					
Location / Address of the Elevating Device				Occurrence Date	Occurrence Time	
Note: If the incident type is 36.(1), (3), (4) or (5), the device shall not to be returned to service until: <input type="checkbox"/> Cause identified, AND <input type="checkbox"/> Safety of the device is restored, AND <input type="checkbox"/> Inspector gave permission to return to service.						

INCIDENT DETAILS	Describe the incident or event:
	Describe cause of incident or event, if known:
	What actions were taken to secure the scene and make the site safe by the owner or contractors (if any)?
	Describe actions taken (if any) by the owner or contractor to prevent or reduce the chance of a reoccurrence.

PERSONS	Injured Person or N/A (use one form per each injured person) N/A <input type="checkbox"/>		
	Name:	Address:	Telephone No:
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	
	Describe injuries and medical / hospital help received (use additional sheet if required)		
	Witness – if any witness to the incident		
	Name:	Address:	Telephone No:
	1.		
2.			
Reported by:	<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other:
Completed by:	Name		Date:
	Position		Telephone:
			Fax:
			Email:

INSTALLATION NUMBER IS MANDATORY

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INSTRUCTIONS TO THE ELEVATING DEVICE INCIDENT REPORTING FORM

The following instructions are provided for information only. For complete regulatory reporting requirements, refer to the *Technical Standards & Safety Act, 2000* and Ontario Regulation 209/01 (Elevating Devices) and Director’s Guideline ED-230/09 available at <http://www.tssa.org/regulated/elevating/elevatingSafety.asp?loc3=adob>
Reporting forms can be obtained at <http://www.tssa.org/report.asp>

TYPE – LOCATION - SHUTDOWN: Identify the device *Installation Number*, the *Occurrence Type* (see table below), the *device type*, *address*, occurrence *time* and *date*. Acknowledge the shutdown / return to service criteria.

INCIDENT DETAILS: Provide as much detail as possible to describe the incident / event and actions taken after the incident.

PERSONS: Provide details related to persons; injured, any witnesses to the event, and information about the person completing this report.

FAQ’s:

- a) Is reporting of incidents mandatory? Yes, required by the *Technical Standards & Safety Act, 2000* and section 36 of the Ontario *Regulations 209/01*. Section 37(1) of the Act specifies fines for failure to report an incident.
- b) Is the use of this form mandatory? Yes.
- c) Are owners and contractors required to report? Yes. See table below.

Summary of Reporting Requirements				
Reg	Occurrence Type	Notification (or CALL)	Written Reports	Device Status
s36.(1)	Death	Owner holder must notify the Director immediately by telephone	The contractor shall submit a written report to the Director within 24 hours of becoming aware of the incident	Shut Down until 36.(8) fulfilled.
	Injury requiring services of a medical practitioner			
s36.(2)	Injury other than 36.(1) or property damage	Owner must notify the Director by telephone within 24 hours of becoming aware	The Owner and the Contractor shall submit a written reports to the Director within 7 days of becoming aware	Return to Service after contractor evaluation
s36.(3)	Equipment exposure to harmful events impacting safe operation			Shut Down until 36.(8) fulfilled.
s36.(4)	Mechanic finds equipment in a condition that constitutes an immediate hazard	The mechanic must notify the licence holder immediately	The licence holder shall submit a written report to the Director within 7 days of the finding	
s36.(5)	Licence holder finds or becomes aware of equipment in a condition that constitutes an immediate hazard	The Owner must notify the Director by telephone within 24 hours of the finding	The licence holder shall submit a written report to the Director within 7 days of the finding	

- d) **What is voluntary reporting of an instance of elevated exposure to risk?** If a device is in condition that does NOT constitute an immediate hazard, but the condition poses an **“elevated exposure to risk”** to the public, voluntary reporting provides additional data that can aid in better risk informed decision making by the Director, the elevating devices safety program and TSSA’s industry councils. Voluntary reporting is often associated with no injury events that are commonly attributed to user behaviour / error (eg trips and falls) where equipment issues are not present.