



Alberta Elevating Devices & Amusement Rides Safety Association

Edmonton Office
207, 8616 - 51 Avenue
Edmonton, Alberta
T6E 6E6
Phone: (780) 448 0184
Fax: (780) 448 0237

Calgary Office
209, 264 Midpark Way SE
Calgary, Alberta
T2X 1J6
Phone: (403) 216-5750
Fax: (403) 216-5755

Reporting Incidents

**Elevators, Escalators, Dumbwaiters, Moving Walks, Freight Platform Lifts
Lifts for Persons with Physical Disabilities, Manlifts, Personnel Hoists,
Passenger Ropeways and Amusement Rides**

Guide for Owners and Persons in Charge

When an accident involving an elevating device occurs, the owner or person in charge must report the accident to the Alberta Elevating Devices and Amusement Rides Safety Association. The Association has been delegated by the Minister of Municipal Affairs and Housing to undertake accident investigations for the Province.

For accidents resulting in fatalities, injuries that require medical treatment or serious damage to equipment, the first step is to telephone our nearest office.

For locations north of Red Deer, contact our Edmonton office.
For locations in Red Deer and south, contact our Calgary office.

Until our safety codes officer completes an investigation of the accident scene, nothing should be touched or removed from the accident site and the surrounding area unless it is absolutely necessary to prevent further injury, loss of life or property damage. Our safety codes officer will investigate the accident and file a report. The owner or person in charge will be requested to complete this accident report.

For accidents that require first aid only, it is not necessary to telephone our office but a written report is required.

Under the Safety Codes Act in Section 16 of the Administrative Items Regulation (Alberta Regulation 16/2004), **16.** An owner of an elevating device or his agent shall

(a) notify an Administrator for the elevating devices discipline or a safety codes officer and the safety codes officer must notify an Administrator for the elevating devices discipline as soon as practicable after an accident involving the elevating device that results in death or serious injury to a person or damage to equipment, and

(b) if requested by an Administrator for the elevating devices discipline, submit, as soon as practicable, a full written report of any accident involving the elevating device that results in death or serious injury to a person or damage to equipment.

For your convenience, a format for completing this written accident report is included. To report an accident, or for further information please contact our offices.

Elevating Devices, Passenger Ropeways and Amusement Rides Accident Report

To be completed by the owner or person in charge whenever loss of life, injury to person or property damage results from an accident involving an elevator, escalator, dumbwaiter, moving walk, freight platform lift, lift for persons with physical disabilities, manlift, personnel hoist, passenger ropeway or amusement ride.

(Please Print).

Name of Owner/Person in Charge: _____

Title: _____

Mailing Address: _____

Telephone Number: _____

Synopsis of Accident

Name and Address of Site: _____

Specific Location of Accident: _____

Date of Accident: _____

Time of Accident: _____

Type of device involved: _____

(Please state all information available to help identify the exact unit on which the accident occurred. e.g. owners number or name of unit, AEDARSA identification number, Manufacturers name of unit, serial number and extent of damage)

Names and Addresses of Victims: _____

(If possible, please describe injuries or cause of death)

Names and Addresses of Witnesses: _____

Description of Accident:

(Please describe in detail the cause particulars of and events leading up to the accident. Attached extra sheets if necessary.)

Supporting Materials:

(Please list all drawings, sketches photographs and signed statements that you have included with this report.)

Recommendations:

(What has been done to prevent the occurrence of similar accidents)

Submitters Name: _____ Date: _____

Job Title: _____ Employer: _____

Signature: _____