



# Alberta Elevating Devices & Amusement Rides Safety Association

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T2X 1J6  
Phone: (403) 216-5750  
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## **Reporting Accidents/Incidents**

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

For accidents/incidents 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/incident scene, nothing should be touched or removed from the 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/incident and file a report. The owner or person in charge will be requested to complete this accident/incident report.

For accidents/incidents 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/incident 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/incident involving the elevating device that results in death or serious injury to a person or damage to equipment.

For your convenience, a blank accident/incident report form is included. To report an accident/incident, or for further information please contact our offices.

# Elevating Devices, Passenger Ropeways and Amusement Rides Accident/Incident Report

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To be completed by the owner or person in charge whenever loss of life, injury to person or property damage results from an accident/incident 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/Incident

Name and Address of Site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Location of Accident/Incident: \_\_\_\_\_

\_\_\_\_\_

Date of Accident/Incident: \_\_\_\_\_

Time of Accident/Incident: \_\_\_\_\_

Type of device involved: \_\_\_\_\_

(Please state all information available to help identify the exact unit on which the accident/incident 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: \_\_\_\_\_

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\_\_\_\_\_

**Description of Accident/Incident:**

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

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**Supporting Materials:**

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

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**Recommendations:**

(What has been done to prevent the occurrence of similar accident/incident)

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Submitters Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Signature: \_\_\_\_\_

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*The personal information on this form is required to support the administration of inspection process under the Safety Codes Act, pursuant to section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The personal information will be managed in accordance with the access and privacy provisions in the FOIP Act. Questions about the collection of this personal information may be directed to AEDARSA.*