



Alberta Elevating Devices & Amusement Rides Safety Association

Edmonton Office
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Edmonton, Alberta
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Calgary Office
209, 264 Midpark Way SE
Calgary, Alberta
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Phone: (403) 216-5750
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Reporting Accidents/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

Alberta Elevating Devices and Amusement Rides Safety Association (AEDARSA) has been delegated by the Minister of Municipal Affairs to undertake accident/incident investigations for the Province in the Elevating Devices Discipline.

When an accident/incident involving an elevating device occurs, the owner or person in charge **must** notify AEDARSA as per the criteria below:

- 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 Edmonton
1-888-222-7281 or 780-448-0184

For locations in Red Deer and SOUTH, contact Calgary
1-888-333-6289 or 403-216-5750

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. A Safety Codes Officer may complete an on-site investigation and file a report. The owner or person in charge will also be requested to submit an accident/incident report.

- For accidents/incidents *that require first aid only*, it is not necessary to telephone our office but a written accident/incident report is required to be forwarded to the nearest AEDARSA office.

The requirement for reporting in the Elevating Devices Discipline is listed in the Administrative Items Regulation AR 16/2004.

Elevating Devices, Passenger Ropeways and Amusement Rides Accident/Incident 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/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: _____

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.)

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 accident/incident)

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.