



Alberta Elevating Devices
& Amusement Rides
Safety Association

Reporting Accidents and Incidents

Submit reports to: incidents@aedarsa.com

Elevators, Escalators, Dumbwaiters, Moving Walks, Material Lifts, Barrier-Free Access Lifts, Manlifts, Personnel Hoists, Passenger Ropeways and Amusement Rides

Guide for Owners and Owner Agents

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

Accident / Incident – Interpretation

An accident or incident is any event in which the use or operation of an elevating device, passenger ropeway, or amusement ride results in one or more of the following:

- Death or injury to a person
- A malfunction or failure of equipment that results in damage to the equipment
- A malfunction or failure of equipment that did not result in injury but had the potential to cause injury or damage to equipment; or
- Damage to equipment caused by fire or flooding, regardless of whether injury occurred.

Immediate Notification Requirements

Accidents or incidents resulting in any of the following must be reported immediately by phone, followed by the submission of an accident/incident report to incidents@aedarsa.com:

- Fatalities
- Injuries requiring medical treatment
- Serious damage to equipment

Contact the nearest AEDARSA office:

- For locations in Red Deer and North:
Edmonton Office: 1-888-222-7281 or 780-448-0184
- For locations South of Red Deer:
Calgary Office: 1-888-333-6289 or 403-216-5750

For accidents or incidents requiring first aid only, it is not necessary to phone AEDARSA; however, a written accident/incident report must be submitted to incidents@aedarsa.com.

Important: Devices involved in an incident shall be removed from service and shall not be returned to service without AEDARSA authorization. Nothing is to be touched, altered, or removed from the site or surrounding area unless it is necessary to prevent further injury, loss of life, or property damage.

Reporting accidents and incidents is a requirement of the Administrative Items Regulation AR 16/2004

Elevating Devices, Passenger Ropeways and Amusement Rides Accident or Incident Report

Submit reports to: incidents@aedarsa.com

This form is to be completed by the Owner and/or the Owner's Agent as soon as practical after an accident or incident involving an elevator, escalator, dumbwaiter, moving walk, freight platform lift, material lift, manlift, barrier-free access lift, personnel hoist, passenger ropeway, or amusement ride that results in death, injury to a person, or damage to equipment.

Has an AEDARSA Safety Codes Officer been notified of the accident or incident: ☐ Yes ☐ No

Has the device(s) been removed from Service: ☐ Yes ☐ No

AEDARSA "E" number of involved Elevating Device(s): _____

AEDARSA "S" number of involved Passenger Ropeway(s): _____

AEDARSA "A" number of involved Amusement Ride(s): _____

Name of Owner/Owner Agent: _____

Title: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Synopsis of Accident or Incident - **Note: If additional space is required, attach supplementary sheets and clearly reference the applicable section of this form.**

Name and Address of Site:

Date of Accident or Incident: _____

Time of Accident or Incident: _____

Name of Maintenance Provider: _____

Specific Location of Accident or Incident:

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Type of Device Involved (State all available information to help identify the exact unit involved.
This may include, but is not limited to, owner's "known as" device number/name, and serial number):

Names and Addresses of Victims (if possible, describe injuries or cause of death):

Names and Addresses of Witnesses:

Description of Accident or Incident (Describe in detail the circumstances that led up to the accident
or Incident. Where possible, include the extent of equipment damage.):

Supporting Materials (List all drawings, pictures, videos, and signed statements included with this report):

Name of Submitter:	Date:
Job Title:	Employer:
Signature:	

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