STATE OF ARKANSAS
Department of Labor and Licensing
Elevator Safety Board · Elevator Safety Section
900 West Capitol Avenue, Suite 400, Little Rock, AR 72201 · (501) 682-4538 · TRS 800-285-1131

Conveyance Accident Report

Mandatory report of a fatality, serious physical injury, or out-of-service safety defect

FORM AESB-ACC-1 · REVISED SEPTEMBER 2026

Submit within 24 hours of the occurrence
Email the completed form to ADLL.Elevator@arkansas.gov · Questions: (501) 682-4538

1. WHEN THIS REPORT IS REQUIRED

20 CAR § 881-115(h)

File this report when any one of the following occurs to a conveyance subject to the rules of the Elevator Safety Board. A conveyance includes an elevator, dumbwaiter, escalator, moving sidewalk, automatic people mover, platform lift, or stairway chair lift.

1. **A fatality** § 881-115(h)(2)
   Any death involving the operation or use of a conveyance.
2. **A serious physical injury** § 881-115(h)(2)(C)
   Any significant injury that requires immediate medical examination or treatment by a physician or medical personnel.

2. DUTIES AT THE SCENE

20 CAR §§ 881-115(h)(2)(A), (h)(3)

Stop operating the conveyance immediately.
The owner or operator shall cease to operate any conveyance involved in a fatality or serious physical injury, except to the extent necessary to protect life, limb, and property.

Do not repair or alter it until the investigation is complete.
Unless authorized in writing by the Elevator Safety Section, no conveyance may be operated, altered, repaired, or tampered with, except to protect life, limb, and property, until the Section has completed its investigation of the accident.

3. AUTHORITY AND PENALTY

CITE THIS FORM AS

Reporting rule	**20 CAR § 881-115(h)**
Rule authority	**Ark. Code Ann. §§ 20-24-106(c), 20-24-107**
Enforcement	**Ark. Code Ann. § 20-24-104**
Rule effective	**September 3, 2026**

FAILURE TO REPORT
A violation of the elevator safety law or a Board rule carries a civil fine of not less than $500 and not more than $1,000 for each offense. Each day a violation continues is a separate offense. Ark. Code Ann. § 20-24-103.

4. HOW TO FILE

Complete
Fill in Parts 1 through 4. Type directly into this PDF; every field is fillable.

Attach
Photographs or video, first responder or EMS report, hospital report, and details of any repairs needed. List them in Part 4, Section J.

Send
Email the completed PDF to ADLL.Elevator@arkansas.gov within 24 hours. Send each attachment individually through the approved file share service.

5. KEY TERMS

Serious physical injury Any significant injury that requires immediate medical examination or treatment by a licensed physician. 20 CAR § 881-115(h)(2)(C).

Conveyance An elevator, dumbwaiter, escalator, moving sidewalk, automatic people mover, platform lift, or stairway chair lift. 20 CAR § 881-105(4).

Owner or operator The person or entity responsible for the conveyance. This duty to report is not satisfied by a contractor's or insurer's report.

A. THE INCIDENT

DATE OF ACCIDENT (MM/DD/YYYY) | TIME OF ACCIDENT | AM / PM | DATE AND TIME YOU ARE FILING

REASON THIS REPORT IS REQUIRED (SELECT ONE)

☐ Fatality ☐ Serious physical injury ☐ Out-of-service defect over 8 hours

PEOPLE INJURED | FATALITIES | HOURS OUT OF SERVICE | RESPONDING EMS OR FIRE AGENCY

B. WHERE THE ACCIDENT OCCURRED

BUILDING OR FACILITY NAME | FLOOR, LANDING, OR LOCATION WITHIN BUILDING

STREET ADDRESS | CITY | STATE (AR) | ZIP

C. THE CONVEYANCE

See 20 CAR § 881-105(4)

TYPE OF CONVEYANCE (SELECT ONE)

☐ Elevator ☐ Escalator ☐ Dumbwaiter ☐ Moving sidewalk
☐ Automatic people mover ☐ Platform lift ☐ Stairway chair lift

STATE ID NUMBER | MANUFACTURER | OPERATING PERMIT NUMBER | DATE OF LAST INSPECTION

Current permit to operate? ☐ Yes ☐ No Safety orders at last inspection? ☐ Yes ☐ No Repairs needed now? ☐ Yes ☐ No

If repairs are needed, attach details of the repairs.

D. OWNER OR OPERATOR OF RECORD

OWNER OR OPERATOR NAME | OWNER ID NUMBER

MAILING ADDRESS | CITY | STATE | ZIP

PHONE NUMBER | EMAIL ADDRESS | PROPERTY MANAGER OR AGENT, IF ANY

E. MAINTENANCE AND INSURANCE

MAINTENANCE COMPANY OF RECORD | MAINTENANCE CONTACT PHONE | DATE OF LAST MAINTENANCE VISIT

INSURANCE CARRIER | POLICY NUMBER | LICENSED INSPECTOR OF RECORD, IF KNOWN

Conveyance under a current maintenance contract? ☐ Yes ☐ No Any prior similar incident on this conveyance? ☐ Yes ☐ No

F. ACTIONS TAKEN AFTER THE ACCIDENT

20 CAR §§ 881-115(h)(2)(A), (h)(3)

Has the conveyance been removed from service and secured? ☐ Yes ☐ No

DATE AND TIME REMOVED FROM SERVICE

IF IT WAS NOT REMOVED FROM SERVICE, STATE WHY

Since the accident, has the conveyance been operated, altered, repaired, or tampered with? ☐ Yes ☐ No

Written authorization from the Elevator Safety Section is required before any of these actions, except to protect life, limb, and property.

IF YES, DESCRIBE WHAT WAS DONE, WHEN, BY WHOM, AND THE AUTHORIZATION RELIED ON

Elevator contractor notified? ☐ Yes ☐ No

Photographs or video of the incident exist? ☐ Yes ☐ No

Send copies individually via the approved file share service. See Part 4, Section J.

ELEVATOR CONTRACTOR NAME

CONTRACTOR PHONE

DATE AND TIME CONTRACTOR NOTIFIED

Law enforcement or fire department responded? ☐ Yes ☐ No

RESPONDING AGENCY

INCIDENT OR CASE NUMBER

HOSPITAL OR FACILITY INJURED TAKEN TO

G. DESCRIBE IN DETAIL WHAT HAPPENED

State the sequence of events, the condition or component involved, and anything known about the cause. Attach a continuation sheet if more space is needed.

H. PEOPLE INJURED

Attach a continuation sheet for more than three

Complete one block for each person injured or killed. Report all persons requiring medical examination or treatment.

Injured person 1

FULL NAME | AGE | PHONE NUMBER

STREET ADDRESS | CITY | STATE | ZIP

EMAIL ADDRESS | IF A MINOR, PARENT OR GUARDIAN NAME | GUARDIAN PHONE

Fatal? ☐ Yes ☐ No Hospitalized? ☐ Yes ☐ No Required EMS? ☐ Yes ☐ No Employee on duty? ☐ Yes ☐ No

NATURE OF INJURY

Injured person 2

FULL NAME | AGE | PHONE NUMBER

STREET ADDRESS | CITY | STATE | ZIP

EMAIL ADDRESS | IF A MINOR, PARENT OR GUARDIAN NAME | GUARDIAN PHONE

Fatal? ☐ Yes ☐ No Hospitalized? ☐ Yes ☐ No Required EMS? ☐ Yes ☐ No Employee on duty? ☐ Yes ☐ No

NATURE OF INJURY

Injured person 3

FULL NAME | AGE | PHONE NUMBER

STREET ADDRESS | CITY | STATE | ZIP

EMAIL ADDRESS | IF A MINOR, PARENT OR GUARDIAN NAME | GUARDIAN PHONE

Fatal? ☐ Yes ☐ No Hospitalized? ☐ Yes ☐ No Required EMS? ☐ Yes ☐ No Employee on duty? ☐ Yes ☐ No

NATURE OF INJURY

I. WITNESSES

WITNESS 1 NAME	ADDRESS	PHONE NUMBER	AGE

WITNESS 2 NAME	ADDRESS	PHONE NUMBER	AGE

WITNESS 3 NAME	ADDRESS	PHONE NUMBER	AGE

WITNESS 4 NAME	ADDRESS	PHONE NUMBER	AGE

J. ATTACHMENTS INCLUDED WITH THIS REPORT

Check each item you are sending. Send each attachment individually, not as a combined or zipped file.

- ☐ Photographs or video
- ☐ First responder or EMS report
- ☐ Hospital report
- ☐ Details of repairs needed
- ☐ Most recent inspection report
- ☐ Continuation sheet

How to send attachments

- Send each attachment individually by email. Do not combine, merge, or zip them into a single file.
- Transmit any file through the approved file share service. Do not attach files directly to the email message.
- Label each file with the accident date and the conveyance state ID number so it can be matched to this report.

K. CERTIFICATION

I certify that the information on this form and its attachments is true and accurate to the best of my knowledge, and that I am authorized to file this report on behalf of the owner or operator of the conveyance.

NAME OF PERSON FILING REPORT	TITLE OR POSITION	FIRM OR AGENCY REPRESENTED

PHONE NUMBER	EMAIL ADDRESS	SIGNATURE (TYPE FULL NAME)	DATE

FOR OFFICE USE ONLY

RECEIVED DATE	TIME	NOTIFIED DATE	TIME	CASE NUMBER	INITIALS

INVESTIGATOR ASSIGNED	DISPOSITION

Filed on time? ☐ Yes ☐ No

First responder report received? ☐ Yes ☐ No

Hospital report received? ☐ Yes ☐ No

Investigation opened? ☐ Yes ☐ No

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