

TEXAS DEPARTMENT OF LICENSING AND REGULATION

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TDLR Elevator Incident Report

Date:	Time:	ELBI#
Building name:		
Building address:		
**E-mail address:		
	Phone #:	
Name of person making report:		
Nature of injury:		
		Age:
Description of incident:		
Type of equipment:		Decal #:
Manufacturer of Equipment:		
Capacity of elevator:	Speed of	elevator:
Type of door:		
Type of door protection:		
Door torque:	Kinetic ener	gy:
Door time to open:	Door time to close:	
Nudging torque:		
Door operation comments(optional):		
Elevator operation comments(optional)	:	
Comments:		

^{**} The Department will add your address to the Elevator email notification list, which automatically provides information from the Department on matters affecting Elevators. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following link: http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp