

TEXAS DEPARTMENT OF LICENSING AND REGULATION

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TDLR Escalator Incident Report

Date:	Time:	ELBI#
Building name:		
Building address:		
Contact on site:		Phone #:
Name of person making report:		
**E-mail address:		
Nature of injury:		
Name of injured:		Age
Description of incident:		
Type of equipment:		Decal #:
Manufacturer of equipment:		
Step width of escalator:		
Step to skirt measurement:		
Missing comb teeth: Yes		No
Comments:		