

### Annex C - TSSA Elevating Devices Incident Reporting Form



Elevating Devices  
Incident Reporting Form  
as required by O.Reg 209/01

|  |  |   |   |   |   |  |
|--|--|---|---|---|---|--|
| TYPE - LOCATION  | In case of death, serious injury or immediate hazard call: <b>877-682-8772</b> |   | Email: <a href="mailto:ed-incident@tssa.org">ed-incident@tssa.org</a> |   | <b>ELEVATING DEVICE Installation Number</b> |  |
|  | Occurrence Type  | <input type="checkbox"/> death s36.(1) <input type="checkbox"/> injury with medical attention s36.(1) <input type="checkbox"/> injury without medical attention s36.(2) |   | <input type="checkbox"/> equipment-property damage s36.(2) <input type="checkbox"/> equipment in a hazardous condition s36.(4,5) <input type="checkbox"/> fire, flood, lightning strike s36.(3) |   |  |
| <input type="checkbox"/> voluntary reporting of an instance of elevated exposure to risk (No Injury and not covered in s36.(1) through s36.(5))  |  |   |   |   |   |  |
| Location / Address of the Elevating Device   |  |   |   | Occurrence Date   | Occurrence Time                             |  |
| Device Type <input type="checkbox"/> Elevator <input type="checkbox"/> Escalator / MovingWalk <input type="checkbox"/> Physical Disabilities Lift <input type="checkbox"/> Other, Specify: |  |   |   |   |   |  |

|                  |   |  |
|------------------|---|--|
| INCIDENT DETAILS | Describe the incident or event:   |  |
|                  | Describe cause of incident or event, if known:  |  |
|                  | What actions were taken to secure the scene and make the site safe by the owner or contractors (if any)?<br><i>Note: If occurrence type is 36.(1), (3), (4) or (5) the device shall not be returned to service until; the cause is identified, the Safety of the device is restored, and the Inspector gives permission to return to service.</i> |  |
|                  | Describe actions taken (if any) by the owner or contractor to prevent or reduce the chance of a reoccurrence.   |  |

|   |  |            |               |
|---|--|------------|---------------|
| PERSONS   | Injured Person or N/A (use one form per each injured person)      N/A <input type="checkbox"/> |            |               |
|   | Name:  | Address:   | Telephone No: |
|   | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female                             | Age:       |               |
|   | Describe injuries and medical / hospital help received (use additional sheet if required)      |            |               |
|   | Witness – if any witness to the incident   |            |               |
|   | Name:  | Address:   | Telephone No: |
|   | 1.   |            |               |
|   | 2.   |            |               |
| Reported by: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other: |  |            |               |
| Completed by:   | Name   | Date:      |               |
|   | Position   | Telephone: |               |
|   |  | Fax:       |               |
|   |  | Email:     |               |

Putting Public Safety First

INSTALLATION NUMBER IS MANDATORY

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**INSTRUCTIONS TO THE ELEVATING DEVICES INCIDENT REPORTING FORM**

The following instructions are provided for information only.  
For complete instructions, refer to the *Technical Standards & Safety Act, 2000* and *Ontario Regulation 209/01 Elevating Devices* and the Directors Guideline ED-230/09 available at <http://www.tssa.org/regulated/elevating/elevatingSafety.asp?loc3=adob>  
Reporting forms can be obtained at <http://www.tssa.org/report.asp>

- a) **Is reporting of incidents mandatory?**  
Yes, required by the *Technical Standards & Safety Act, 2000* and section 36 of the *Ontario Regulations 209/01*. Section 37(1) of the Act specifies fines for failure to report an incident.
- b) **Is the use of this form mandatory?**  
Yes.
- c) **Are owners and contractors required to report?**  
Yes. See table below.

| Summary of Reporting Requirements |   |   |  |
|-----------------------------------|---|---|--|
| Reg ref.                          | Occurrence or Event   | Notification  | Written Reports  |
| 36.(1)                            | Death   | Owner must notify the Director immediately                                      | The contractor shall submit a written report to the Director within 24 hours of becoming aware of the incident |
|                                   | Injury requiring services of a medical practitioner   |   |  |
| 36.(2)                            | Injury other than 36.(1) or property damage   | Owner and Contractor must notify the Director within 24 hours of becoming aware | The Owner and the Contractor shall submit a written reports to the Director within 7 days of becoming aware    |
| 36.(3)                            | Equipment exposure to harmful events impacting safe operation                                 |   |  |
| 36.(4)                            | Mechanic finds equipment in a condition that constitutes an immediate hazard                  | The mechanic must notify the Owner or Contractor immediately                    | The licence holder shall submit a written report to the Director within 7 days of the finding                  |
| 36.(5)                            | Owner finds or becomes aware of equipment in a condition that constitutes an immediate hazard | The Owner must notify the Director within 24 hours of the finding               | The licence holder shall submit a written report to the Director within 7 days of the finding                  |

- d) **What is voluntary reporting of an instance of elevated exposure to risk?**

If a device is in condition that does NOT constitute an immediate hazard, but the condition poses an **"elevated exposure to risk"** to the public, voluntary reporting provides additional data that can aid in better risk informed decision making by the Director, the elevating devices safety program and TSSA's industry councils.