

**Incident Reporting Form for Lift and Escalator Incidents
[Building Maintenance and Strata Management (Lift, Escalator and Building Maintenance) Regulations 2016]**

Commissioner of Buildings
Building & Construction Authority
52 Jurong Gateway Road, #11-01
Singapore 608550
Website: <http://www.bca.gov.sg/>

PLEASE NOTE

- (1) If an item is not applicable it is to be indicated as "N/A".
(2) Please tick (✓) in the appropriate boxes.

(1) Occurrence Type and Details

Lift:

- | | | |
|--|---|---|
| <input type="checkbox"/> Fatality | <input type="checkbox"/> Injury | <input type="checkbox"/> Main Drive System Failure |
| <input type="checkbox"/> Suspension Rope Failure | <input type="checkbox"/> Safety Critical Devices Failure ¹ | <input type="checkbox"/> Door Interlocking Device Failure |
| <input type="checkbox"/> Others _____ | | |

Escalator:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Fatality | <input type="checkbox"/> Injury | <input type="checkbox"/> Main Drive System Failure |
| <input type="checkbox"/> Safety Critical Devices Failure ² | <input type="checkbox"/> Others _____ | |

Address of Lift / Escalator:	
Lift / Escalator ID:	Occurrence Date / Time:

(2) Description of Incident

(3) Current Status³

Has the operation of the lift / escalator been suspended after the incident? Yes No

Has any component of the lift / escalator been modified after the incident? Yes No

If yes, please specify: _____

¹ Failure of brake, overload device, safety component or safety equipment of lift

² Failure of brake, overload device, safety component or safety equipment of escalator

³ Lift/escalator owners and service contractors are reminded to immediately shut down and cordon off the incident lift/escalator and inform BCA, as soon as practicable. Thereafter, there should be no interference with the incident lift.

(4) Causes

Describe cause of incident (if known):
--

(5) Particulars of Injured Person(s) (Use one form per each injured person)

Injured Person: Yes (Please fill up details below) No

Name:	Address:
NRIC / Passport No.:	Contact No.:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
Description of injury:	

(6) Completed by

Lift / Escalator Owner Lift / Escalator Service Contractor

Name:	Office Address ⁴ :
NRIC / Passport No.:	Office No.:
Email Address:	Mobile No.:
Date of Report:	Fax No.:

⁴ For lift / escalator owner, please provide home address if office address is not applicable.