



Colorado Department of Labor and Employment
Division of Oil and Public Safety – Conveyance Program
633 17th Street, Suite 500
Denver, CO 80202-3610

Phone: 303-318-8497
Fax: 303-318-8534
Email: cdle_conveyance@state.co.us
Web: www.colorado.gov/ops

Conveyance Owner/Manager Procedures for an Injury Accident on a Conveyance

The instructions below pertain to addressing accidents on conveyances located in the territory of the Division of Oil and Public Safety Conveyance Program (OPS). Contact OPS if you do not know if your conveyance is located within the territory of OPS or within the territory of an Authority Having Jurisdiction (AHJ). These accidents must be reported to the AHJ, although reporting procedures may differ from those of OPS. Following an accident that causes injury to a person, the owner or manager must:

1. **Shut down the conveyance** to prevent potential further injury to other passengers.
2. **Report the accident within 24 hours** to OPS or to the AHJ.
 - a. OPS contact – Karen Klaversma 303-318-8497 or karen.klaversma@state.co.us
3. **Investigate the accident** – Contact a Licensed Contractor to perform an investigation to determine if the accident was caused by equipment malfunction.
 - a. If the accident was not caused by equipment malfunction, complete step 7, and if the conveyance is compliant with regulations and code, place it back in service.
 - b. If the accident was caused by equipment malfunction, complete steps 4 through 7.
4. **Inspect the conveyance** – Contact a Licensed Inspector to inspect the conveyance prior to any repairs or alterations.
5. **Repair the conveyance** – Contact a Licensed Contractor to perform appropriate repairs or alterations to the conveyance. Any construction work that is considered an alteration will require a permit to be obtained from OPS. OPS will contact the owner/manager if the Certificate of Operation has been suspended or revoked.
6. **Re-inspect the conveyance** – Contact a Licensed Inspector to conduct an inspection of the repairs or alterations, and witness the performance of any required testing. This inspection report must be submitted to OPS to obtain a re-instated or new Certificate of Operation which is required to operate the conveyance.
7. **Complete and submit the Conveyance Accident Report** to OPS.

NOTE: Accidents that **could have caused** an injury should be investigated by the owner of the conveyance to ensure that the conveyance is operating properly, although a non-injury accident does not have to be reported to OPS or the AHJ.



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Conveyance Accident Report

[Conveyance Statutes and Regulations](#) require that all conveyance owners report any accident that causes an injury to an individual to the Division of Oil and Public Safety (OPS) or the approved Authority Having Jurisdiction (AHJ) within 24 hours. Conveyance owners may notify OPS by email, phone or fax using the information listed above.

Facility Information

Accident Date:	Accident Time:	Facility Name:	
Facility Address:	City:	County:	
Facility Contact:	Contact Phone #:	Conveyance ID#:	
Conveyance Type:	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Wheelchair Lift <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> Material Lift <input type="checkbox"/> APM <input type="checkbox"/> Other		
Conveyance Location within Facility:	Does the conveyance have a current CO?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner/Management Company:	Conveyance Maintenance Contractor:		

Investigation Information

Preliminary Determination:	Was the accident a result of a conveyance component that malfunctioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was the accident a result of the conveyance not complying with Conveyance Regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If the answer to both of these questions is No, complete this Accident Report and submit it to OPS. If the answer to either of these questions is Yes, complete steps 4-7 on the Accident Procedures document.</i>	

Name of Person Completing Report:	Phone #:	
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Name of Injured Party	Phone #	General Nature of Injuries	Treated by a Physician?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Witness	Phone #

Inspector Name:	State License #:	
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Incident Description

OPS Use Only	Facility ID#:		Conveyance ID#:		Date Received:	
	Report Received:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Fax			Reviewed by:	