



The Commonwealth of Massachusetts

DEPARTMENT OF FIRE SERVICES

Office of the State Fire Marshal Elevator Extrication Response



FP-752E
(Rev. 02/12)

➔ Return Completed Form to: elevator.supervisor@state.ma.us ◀

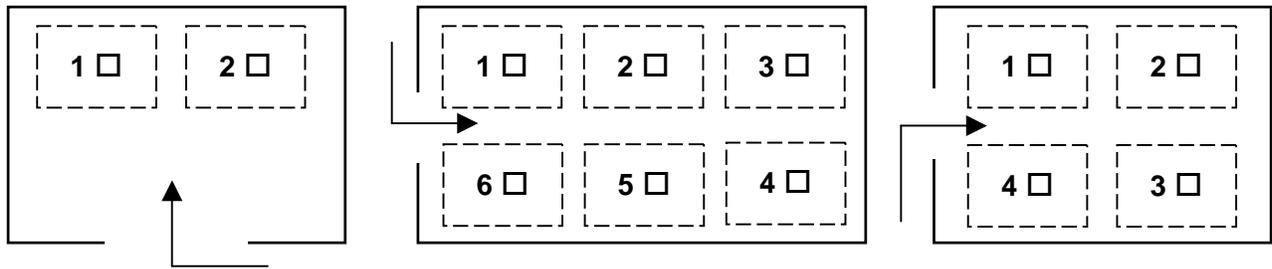
Date:	Time:	Incident #:	State Elevator ID#:
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Building Location: _____

Situation Upon Arrival: _____

Location of Car: _____

All cars are numbered from your left, clockwise.
Check the box that matches the location of the elevator.



Power to car disconnected and left in the "off" position? Yes No
If NO, why? _____

Injuries to Non-FD or FD Personnel: Yes No
(If so, explain) _____

Was damage necessary to effect the safe removal of the occupants? Yes No
(If so, explain) _____

List any evidence of damage done prior to FD arrival on scene: _____

Elevator service company called? Yes No

Company Name: _____

Representative Name: _____

FD Unit: _____

Department: _____

Was "Lock Out / Tag Out" performed? Yes No