Commonwealth of Massachusetts  
Department of Public Safety  
Department of Fire Services  
**FIREFIGHTER’S EMERGENCY ELEVATOR OPERATION & ELEVATOR EXTRICATION RESPONSE**  
E-mail completed form to elevator.supervisors@state.ma.us

### Date: 
### Time: 
### Incident #: 
### State Elevator ID#: 

Indicate whether you are reporting an Emergency Elevator Operation [ ] or an Elevator Extrication Response [ ]

Location Name & Street Address:  

Location City/Town:  

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**EMERGENCY ELEVATOR OPERATION:** Please provide the following information

Smoke Detector/Automatic Recall:  

- Yes [ ]
- No [ ]

**Phase I Operation:**

- Key inserts properly?  
  - Yes [ ]
  - No [ ]
- Key withdraws in the ON position?  
  - Yes [ ]
  - No [ ]
- Did all the cars respond to Phase I Recall?  
  - Yes [ ]
  - No [ ]

**Phase II Operation:**

- Does the key insert and turn on the ON position properly?  
  - Yes [ ]
  - No [ ]
- Does the key remove from the ON position properly?  
  - Yes [ ]
  - No [ ]
- Does the key insert and turn to the HOLD position properly?  
  - Yes [ ]
  - No [ ]
- Does the key remove from the HOLD position properly?  
  - Yes [ ]
  - No [ ]

**Briefly describe problems:**

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**ELEVATOR EXTRICATION RESPONSE:** Please provide the following information

Was power to car disconnected and left in the “off” position?  

- Yes [ ]
- No [ ]

Was “Lock Out/Tag Out” performed?  

- Yes [ ]
- No [ ]

Were there injuries?  

- Yes [ ]
- No [ ]

- If Yes, were injuries to Non-FD [ ] or FD Personnel [ ]

Was Elevator Company called?  

- Yes [ ]
- No [ ]

- If Yes, provide company name:

**Briefly describe situation:**