



DPS/DFS-3502 (03/2013)

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.supervisor@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:

EMERGENCY ELEVATOR OPERATION: Please provide the following information

Smoke Detector/Automatic Recall: Yes No

Phase I Operation:

Key inserts properly? Key withdraws in the ON position? Yes No

Did all the cars respond to Phase I Recall? Yes No
If not, what happened:

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
If not, explain:

Does car respond to discharge floor, keeping doors closed on arrival? Yes No
If not, explain:

Do car doors open and close under "CONSTANT" pressure? Yes No

Briefly describe problems:

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: