



**Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
**Office of Public Safety and Inspections**  
FIREFIGHTER'S EMERGENCY ELEVATOR OPERATION  
AND ELEVATOR EXTRICATION RESPONSE  
 E-mail completed form to [elevator.supervisor@state.ma.us](mailto:elevator.supervisor@state.ma.us)

<b>Date:</b>	<b>Time:</b>	<b>Incident #:</b>	<b>State Elevator ID#:</b>
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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? Yes  No       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: