

**THE LIFTS AND ESCALATORS ORDINANCE (CHAPTER 618)**
**Preliminary Investigation Report for Lift / Escalator Incident**

**Note:** Pursuant to section 40 and section 70 of the Lifts and Escalators Ordinance, Cap. 618, if for any reason a contractor who is notified of an incident is unable to submit a full report within 7 days after the date on which the contractor is notified of the incident, the contractor must within 3 days after the notification submit a preliminary report to –

**The Director of Electrical and Mechanical Services**

(by fax: 2504 5970 or by e-mail: lesd@emsd.gov.hk)

Contractor Report Ref.: \_\_\_\_\_

Estimated Time Required for Completing the Full Report: \_\_\_\_\_

(\*Please delete where appropriate     Tick where appropriate)

(1) Details of Incident		
Notification of the Incident		
Date of Receipt:	Time of Receipt:	
Date of Incident:	Time of Incident:	
Location of Incident:		
Lift / Escalator No.:	Lift / Escalator Location ID:	
Building Type/Owner: * Residential / Commercial / Industrial / Hotel / MTRC Station/ Institution / Public Facility / The Link / Government / Housing Authority / Central People's Government / Consulate / Others, please specify:		
(2) Particulars of Lift / Escalator Installation		
<input type="checkbox"/> Lift	Application: * Passenger Lift / Freight Lift / Platform Lift / Service Lift / Vehicle Lift / Stairlift / Others, please specify:	
	Type of Lift: * Geared Traction Lift / Gearless Traction Lift / Machine-room-less Lift / Hydraulic Lift / Others, please specify:	
	Type of Drive: * AC 2-speed / AC Variable Voltage / AC Variable Voltage Variable Frequency / DC Variable Voltage / Others, please specify:	
	Control: * Relay / Simplex / Down-collective / Micro-processor / Triplex / Full-collective / Others, please specify:	
	Door Type: * Swing Door / Swing Door, Horizontal Side Opening / Horizontal Centre Opening / Horizontal Side Opening / Vertical Bi-parting / Vertical Sliding Door / Folding Gate / Meshed Door / Others, please specify:	
	Brand of Lift:	Model of Lift:
	Rated Speed (m/s):	Rated Capacity (kg):
	Floors served:	No. of Stops:
<input type="checkbox"/> Escalator	Type of Escalator: * Escalator / Conveyor / Others, please specify:	
	Brand of Escalator:	Model of Escalator:
	Rated Speed (m/s):	Angle of Inclination to the horizontal (degree):
	Rise (m):	Step Width (m):

**(3) Apparent Cause(s) and Other Possible Cause(s) of Incident** (Please use additional sheets if necessary)

**(4) Details of Casualty** (Please use additional sheets if necessary)

No. of Person(s) involved in the Incident: \_\_\_\_\_ No. of Deaths: \_\_\_\_\_

No. of Person(s) admitted to Hospital: \_\_\_\_\_ No. of Injuries: \_\_\_\_\_

Name [Age]: \_\_\_\_\_

Gender: \_\_\_\_\_

Contact Telephone No.: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Occupation (If known): \_\_\_\_\_

**(5) Brief Description of Incident and Damage Incurred, if any** (Please use additional sheets if necessary)

**(6) Details of Lift Works Carried Out at the Time of Incident** (Please use additional sheets if necessary)

**(7) Preliminary Work Plan to Alleviate any Similar Incident** (Please use additional sheets if necessary)

**Reported by**

Name: \_\_\_\_\_ RLE / REE\* No.: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of RE)