

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)