Hotel Elevator Malfunction Staff Injury Report

| Full Name of Injured Staff |
|---|
| |
| Position/Department |
| |
| |
| Date of Incident |
| |
| Time of Incident |
| |
| Location (Elevator Number/Floor) |
| |
| |
| Description of Incident |
| |
| |
| |
| Details of Injury |
| |
| |
| First Aid Provided? |
| |
| Medical Attention Required? |
| |
| |
| Persons Notified (Manager, Maintenance, etc.) |
| |

| Action Taken / Follow-up Required | | |
|-----------------------------------|--|--|
| | | |
| | | |
| Report Completed By | | |
| Date | | |
| | | |