

Elevator Malfunction Request Document

Request No.: _____
Date: _____

Building Information

Building Name: _____
Building Address: _____
Floor/Location of Elevator: _____
Elevator Number/ID: _____

Reporter Information

Reported By: _____
Contact Number: _____
Email: _____
Department (if applicable): _____

Malfunction Details

Date/Time of Occurrence: _____
Description of Malfunction: _____

Has the elevator been powered off? _____
Anyone trapped inside? _____

Action Taken

Immediate Actions Taken:

Reported to Maintenance? _____
Name of Maintenance Contacted: _____
Date/Time Contacted: _____

Additional Notes

Signature: _____ Date: _____