

**GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION**  
**BUILDERS' LIFTS AND TOWER WORKING PLATFORMS**  
**(SAFETY) ORDINANCE, CHAPTER 470**

**Official Use Only**

Date received. : \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time received : \_\_\_\_:\_\_\_\_  
Ref. number : \_\_\_\_\_

SECTION 26(c)

NOTIFICATION OF INCIDENT INVOLVING  
A BUILDER'S LIFT OR TOWER WORKING PLATFORM



Notes : Pursuant to section 26(c) of the Builders' Lifts and Tower Working Platforms (Safety) Ordinance, the **owner**<sup>1</sup> of builder's lift or tower working platform (BL/TWP) shall **immediately**, after an incident comes to his or her knowledge, notify in writing –

- (1) The Director of Electrical and Mechanical Services (by fax: 2577 4901 or by e-mail: [bltwp@emsd.gov.hk](mailto:bltwp@emsd.gov.hk))
- (2) The Registered Contractor (responsible for installation and/or maintaining the builder's lift / tower working platform)

Name: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Section A : Brief Description of Incident** (tick "✓" where appropriate)

Date of Incident (day/month/year) :		Time of incident :	
Location of Incident :			
*BL/TWP No. :		*BL/TWP model : (if applicable)	
<input type="checkbox"/> Accident	<input type="checkbox"/> Builder's Lift (Jump Lift Included) <input type="checkbox"/> Tower Working Platform		
<input type="checkbox"/> Equipment failure	<input type="checkbox"/> Builder's Lift (Jump Lift Included) <input type="checkbox"/> Tower Working Platform	<input type="checkbox"/> Failure of driving machine brake	
		<input type="checkbox"/> Failure of overspeed governor	
		<input type="checkbox"/> Failure of safety gear	
		<input type="checkbox"/> Failure of overload sensing device	
		<input type="checkbox"/> Failure of suspension system including the rack and pinion suspension system or rope suspension system	
		<input type="checkbox"/> Others, please specify:	

**Section B : Details of Casualty** (if applicable)

No. of Person(s) involved in the incident :	No. of deaths :
No. of Person(s) requiring hospitalization :	No. of injuries :

**Section C : Reporting Person** (tick "✓" where appropriate)

<input type="checkbox"/> Owner of BL / TWP <input type="checkbox"/> Lessee of BL / TWP <input type="checkbox"/> Other, please specify: _____	
Name : _____	
Company: _____	
Telephone : _____	
*Fax / Email: _____	
Date : _____	(Signature or Company Stamp)

\* Delete where not appropriate.

(05/2022)

<sup>1</sup> According to the interpretation in Section 2 of the Builders' Lifts and Tower Working Platforms (Safety) Ordinance (Cap. 470), "Owner" (擁有人) means the owner of a builder's lift or tower working platform or, where it is leased, means the lessee of it, and includes (a) any agent or person in charge of having the control or management of it; and (b) the contractor who is responsible for the construction site at which it is being used.