

Our reference 本署檔號 :

(3) in EMSD/LESD 7-2/4 Pt IV

Telephone 電話號碼 : (852) 2808 3861

Your reference 來函檔號 :

Facsimile 圖文傳真 : (852) 2504 5970

29 December 2008

To: All Registered Lift/Escalator Contractors

Dear Sirs,

Circular No. 13/2008

Notification of Occurrence

This circular supersedes circular no. 11/2004 with immediate effect.

Under the situations listed under section 27A of the Lifts and Escalators (Safety) Ordinance, the owner of the lift or escalator shall immediately notify in writing :-

- (i) the Director of Electrical & Mechanical Services, and
- (ii) the registered lift (or escalator) contractor (RC) who most recently has performed work on it.

A sample format of “Notification of Lift/Escalator Incident” (Notification Form) is attached to facilitate lift/escalator owners to comply with the above statutory requirement.

In this connection, RCs are requested to explain to lift/escalator owners or their representatives the above statutory requirement and the use of the attached notification form. RCs should bring along the notification form when attending the site for repair work or investigation after receiving verbal or other form of notification from the owner or his/her representative. RCs should assist the owner in confirming whether the incident is a notifiable one, and if so, assist the owner to complete and sign the form. The completed and signed form should then be submitted to EMSD immediately by fax or email. If there is prior agreement between a RC and the owner, the RC can complete and submit the notification to EMSD on the owner’s behalf.

In the case of incidents involving

- (i) failure of the machine brake, overspeed governor, safety gear, or breakage of suspension rope(s) for lifts,

- (ii) failure of the drive chain or step chain for escalators, or
- (iii) death or serious injury requiring hospitalization,

EMSD will need to confirm the occurrence and make a public announcement. For incidents of the aforementioned nature, RCs should inform EMSD by telephone (hotline number 23333762) without delay, and should await instructions before starting the investigation.

Yours faithfully,



(George LING)
for Director of Electrical and Mechanical Services

Encl.

- c.c. The Director of Housing
- The Director of Architectural Services
- The Lift and Escalator Contractors Association
- The Registered Elevator and Escalator Contractors Association Ltd.
- The International Association of Elevator Engineers
- The Hong Kong General Union of Lift and Escalator Employees

Notification of Lift / Escalator Incident

通知涉及升降機 / 自動梯的事故

To : Director of Electrical & Mechanical Services (By Fax : 2504 5970) and
 致 機電工程署署長 及

(Name and Fax No. of Responsible Registered Lift/Escalator Contractor 有關註冊升降機/自動梯承建商名稱及傳真號碼)

In accordance with section 27A of the Lifts and Escalators (Safety) Ordinance, Cap. 327, we hereby notify you of the occurrence of a lift/escalator incident with the following details. 現依據升降機及自動梯(安全)條例, 第 327 章第 27A 條的要求, 通知 貴署/公司有關下述升降機/自動梯事故的發生。

Date of Incident 事故發生日期	Time of Incident 事故發生時間
Place of Incident 事故發生地點 EMSD Location ID (if known)	Lift / Escalator No. 升降機 / 自動梯編號
Brief Description of Incident 事故簡略經過 (Tick where appropriate 在適當位置加上✓號)	
<input type="checkbox"/> Lift 升降機 or <input type="checkbox"/> Escalator 自動梯	<input type="checkbox"/> Death 死亡 or <input type="checkbox"/> Injury 受傷
<input type="checkbox"/> No. of Injury 受傷人數	<input type="checkbox"/> Hospitalization Involved 需要送往醫院治療
For Lift/Escalator Incident : <input type="checkbox"/> Failure of main drive system (other than power failure) 主動系統故障(主電源故障以外) <input type="checkbox"/> Fire originating from equipment 源於設備的火警 <input type="checkbox"/> Serious damage 嚴重損壞 For Lift Incident: <input type="checkbox"/> Breakage of suspension ropes 懸吊纜索斷裂 <input type="checkbox"/> Failure of brake, overload device or the safety equipment 制動器、超載裝置或安全設備故障 <input type="checkbox"/> Failure of door interlocking devices 升降機門的聯鎖裝置故障 <input type="checkbox"/> Failure causing operation of car buffer or overspeed governor 故障引致機廂緩衝器或限速器操作 For Escalator Incident: <input type="checkbox"/> Failure of brake, step chain, drive chain or the safety equipment 制動器、梯級鏈、驅動鏈或安全設備發生故障	
_____ _____ _____	

Name of Lift/Escalator Owner or his Representative
 升降機/自動梯擁有人或其代表的姓名

Signature or Company Stamp
 簽署或公司蓋章

Telephone 電話 _____
 Fax 傳真 _____

 Date 日期 _____