FORM LE28



Contractor Report Ref.:_____

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 <u>within 3 days</u> after the notification submit a preliminary report to –

Estimated Time Required for Completing the Full Report:

The Director of Electrical and Mechanical Services

(by fax: 2504 5970 or by e-mail: lesd@emsd.gov.hk)

(*Please delete v	where appropriate	☐ Tick where appropri	rate)		
(1) Details o	of Incident				
Notification o	of the Incident				
Date of Receipt:			Time of Receipt:		
Date of Incident:			Time of Incident:		
Location of In			:		
Lift / Escalator No.:			Lift / Escalator Location ID:		
	/Owner: * Reside / The		ndustrial / Hotel / MTRC Station/ Institution / Public Facility / Housing Authority / Central People's Government /		
(2) Particula	rs of Lift / Escala	tor Installation			
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:	of Drive: * AC 2-speed / AC Variable Voltage / AC Variable Voltage Variable Frequency / DC Variable Voltage / Others, please specify:			
	Control:	* Relay / Simplex / Do Others, please spe	Down-collective / Micro-processor / Triplex / Full-collective / ecify:		
	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:		
□ 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.	No. of Deaths:					
No. of Person(s) admitted to Hospital:	No.	No. of Injuries:					
Name [Age]:							
Gender:							
Contact Telephone No.:							
Citizenship:							
Occupation (If known):							
(5) Brief Description of Incident and Damage In-	curred, if any (Ple	ase use additional sh	eets 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:	_						
		(Signatu	ure of RE)				





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機電工程署



重要通知

任何人士試圖向任何政府人員提供利益(根據《防止賄賂條例》(第201章)定義),以影響本申請的結果,即構成《防 止賄賂條例》所訂的罪行・並導致有關申請無效・而機電工程署會向廉政公署舉報個案。如任何政府人員或其代理人就 本申請向你索取利益,你應向廉政公署舉報(電話號碼:25266366)。

Important Notice

Any attempt to offer advantage (as defined in the Prevention of Bribery Ordinance ("POBO") (Cap. 201)) to any government officer with a view to influencing the outcome of this application constitutes an offence under the POBO and renders the application invalid. The case will be reported to the Independent Commission Against Corruption. You should report to the ICAC (Telephone No.: 2526 6366) if any government officer or their agent solicits an advantage from you in relation to this application.