

# Safety Questionnaire

*To be completed by building representative*

Building Address: \_\_\_\_\_

Number of  
Elevators in  
building:

Property Management Company: \_\_\_\_\_

*To be completed by elevator service provider*

Elevator Service Company Name: \_\_\_\_\_

### About the Elevator/s

Please describe the type, equipment manufacturer and any key components of the building's elevator/s.

How many years' experience does your company have in servicing this type of elevator?

Have the technicians servicing this building received thorough training on its specific elevator equipment?

Yes      No

### About Safety

Please outline any safety management program/s your company uses.

How does your company work to improve and develop processes for minimizing risk and eliminating the potential for passenger safety incidents?

What safety training and certifications have been completed by the teams working on our elevator/s?

How often do your teams refresh their elevator safety training?

Do all your field staff have access to a complete set of personal protective equipment?

Yes      No

Signed by

\_\_\_\_\_  
Name  
Elevator Service Company Representative

\_\_\_\_\_  
Title

