



**Massachusetts Bay  
Transportation Authority**

# Escalator / Elevator Injuries

---

Matthew DeDonato  
Deputy Director Safety Oversight and Planning

# Incident / Injury Data

## Escalator Injuries

Calendar Year	Incidents	Injuries
2019	43	46
2020	31	33
2021	43	52
Total	117	131

Location	Total Incidents
Forest Hills Station	12
North Station	8
Ashmont Station	7
Back Bay Station	7
Maverick Station	7

## Elevator Injuries


Calendar Year	Incidents	Injuries
2019	4	4
2020	2	2
2021	2	2
Total	8	8

Location	Total Incidents
Downtown Crossing Station	1
Government Center Station	1
Green Street Station	1
Harvard Square Station	1
Haymarket Station	1
North Station	1
Ruggles Station	1
South Station	1

# Incident Response

## Elevator / Escalator Incident Response:

- Equipment shutdown and removed from service
- Operations and Maintenance Control Centers notified
- Maintenance work order generated
- Maintenance contractor dispatched
- Equipment inspected by contractor
- Upon completion of inspection any defects must be addressed prior to return to service

	Commonwealth of Massachusetts Division of Professional Licensure Office of Public Safety and Inspections  <b>PRE-INSPECTION CHECKLIST - ESCALATORS</b>
This form is to certify that the following elevator <u>State ID No:</u> <u>Location:</u> is in compliance and ready for inspection.	
<input type="checkbox"/> Lighting/Demarcation <input type="checkbox"/> State I.D. Tags <input type="checkbox"/> Brake Data Tag <input type="checkbox"/> Switches, Stop, Comb Impact, Skirt, Missing Step <input type="checkbox"/> Clean – Pits/Trusses <input type="checkbox"/> Handrails, Inlet Switches, Cracks, Broken <input type="checkbox"/> Step Chains and Switches <input type="checkbox"/> All Key Switches <input type="checkbox"/> Code Data Plate <input type="checkbox"/> Current Certificate Posted <input type="checkbox"/> Signage <input type="checkbox"/> Barricades	
<i>To be Completed by Authorized Representative of Elevator Company</i> Signature: _____ Date: _____ Contractor Registration Number: _____ By typing name above you agree that it is valid as your signature.	
<p><b><u>Pre-Inspection Checklist must be certified that the unit has been pre-tested prior to periodic inspection and available on site/in machine room at the time of Inspection 524 CMR 5.03 (8) (11)</u></b></p> <p style="text-align: right; font-size: small;"><i>Pre-Inspection Checklist for Escalators Revised October 2019</i></p>	