



State of Vermont
Department of Labor

Operator #

Passenger Tramway Incident Report

Personal Injury Mechanical/Electrical

INCIDENT REPORTS: A detailed report of all incidents, involving personal injury occurring on, or caused by, the tramway shall be sent to the Department of Labor and Industry, 5 Green Mountain Drive, PO Box 488, Montpelier, VT 05601-0488 within seventy-two hours from the time of incident. When severe injury or injuries occur, the Department must be called promptly.

1. Name of Ski Area Tramway Number
Address
Date of Incident: Time

2. Exact Location (Fix location precisely):

3. Persons Injured or Killed
CONFIDENTIAL TO SKI AREA

4. Weather Conditions/Visibility	Ramp Conditions	Uphill Track Conditions Surface lifts only	Wind
<input type="checkbox"/> Clear <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Dark <input type="checkbox"/> Rain <input type="checkbox"/> Light <input type="checkbox"/> Snow <input type="checkbox"/> Other	<input type="checkbox"/> Powder <input type="checkbox"/> Packed Powder <input type="checkbox"/> Loose Granular <input type="checkbox"/> Frozen Granular <input type="checkbox"/> Wet Granular <input type="checkbox"/> Icy	<input type="checkbox"/> Ice <input type="checkbox"/> Bare spots <input type="checkbox"/> Bumps <input type="checkbox"/> Smooth	Direction <input type="checkbox"/> Strong <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> None

5. Names, addresses and station of attendants in charge of tramway at time of incident:

- 1.
- 2.
- 3.

6. Outline a description of the incident.

7. Names and addresses of known witnesses; both employees and public.

- 1.
- 2.
- 3.

8. Is tramway accepted for public use? Yes No. Name of Vermont inspector who last inspected tramway:

9. If mechanical incident, is a wire rope inspection required? Yes No

10. If injured person was treated at scene of accident, list names by whom injured was treated.

11. If injured person was transported to a shelter, hospital, etc., state method and by whom.

12. Name of hospital or doctor's office where injured was taken.

13. Was first-aid equipment available at tramway area? Yes No.

Signature _____ Date _____

Please send a signed and dated copy to the Department of Labor, Passenger Tramway Section, 5 Green Mountain Drive, PO Box 488, Montpelier, VT 05601-0488.