

# Tramway Forms Manual

## Incident Reports

### When is a personal injury report required?

An Incident Report is required when there is a possible personal injury and first aid personnel are notified of the need to assess the injury. Examples of such injuries or incidents include, but are not limited to:

- Contusions
- Twisted knees
- Falling on ramps
- Getting hit by the chair

### When is a Mechanical/Electrical Report required?

Anytime service of a lift component is required during normal operational hours. Some examples:

- Repair of safety switches
- Electric motor drive malfunction
- Any safety system bypass function
- Any occurrence of rope evacuation
- Anytime a lift is unloaded of customers by APU

#### OR:

- The occurrence anytime of cable deropement, possible haul rope or grip damage.

### What is the area limit on personal injury incidents?

The area in which an incident shall be reported includes from when the passengers first enter the lift loading area to the bottom of the unload ramp.

### How to complete the Incident Report:

- Typewritten or legible printing
- Must be received by the Tramway Division within 72 hours of the incident
- Mechanical incidents must be reported to the Tramway Inspector or the Tramway Division immediately upon occurrence
- Remove the white copy for your files and forward the yellow and pink copies to the inspectors.

SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS FORM PLEASE CONTACT YOUR AREA INSPECTOR OR THE TRAMWAY DIVISION OFFICE.

Information to be entered on the form

**Operator Number:** This number is on the bottom left corner of the Registration Certificate that is issued upon registration and inspection of the lift.

1. **Name of Ski Area:** Enter the name of the ski area as it appears on your Registration Certificate.

**Tramway Number:** This number is on the bottom left corner of the Registration Certificate.

**Address:** Enter the address as it appears on your Registration Certificate.

**Date of Incident:**

**Time:**

2. **Exact Location:** Be specific as to location on the lift (i.e. return station, load/unload station, tower number).

3. **Persons Injured or Killed:** This section is for the area use only and this information is not transmitted to the Tramway Division but must be completely filled out in case there is a need for the Tramway Inspectors to review this at a later date.

4. **Weather Conditions/Visibility:** Please check the appropriate box.

**Ramp Conditions:** Please check the appropriate box.

**Uphill Track conditions** (Surface Lifts Only): Please check the appropriate box.

**Wind:** Please check the appropriate box.

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

Complete name, address and the location of the attendant at the time of the incident (i.e. John Doe, 325 Main Street, Anytown, USA 01234, unload station).

6. **Outline a description of the incident:** A brief description including how the incident occurred and type of injuries. If there is more than one employee present there should be a description from each.

7. **Names and addresses of known witnesses:** Complete name and address of all known witnesses to the incident.

8. **Is tramway accepted for public use?:** Date of inspection for the ski year the incident occurred.

Name of Vermont inspector who last inspected tramway: Insert the last name of the inspector who did the tramway inspection for the ski year the incident occurred.

9. **If mechanical incident, is a wire rope inspection required?:** If yes is checked the tramway inspector must be immediately notified of such occurrence and a copy of the inspection report must be forwarded to the Passenger Tramway Division.

10. **If injured person was treated at scene of accident, list names by whom injured was treated:** Complete name of treating individual and position at the area.

11. **If injured person was transported to a shelter, hospital, etc., state method and by whom:** Complete name of shelter, hospital, etc. that the person was transferred to, method of transfer and complete name of transferring individual.

12. **Name of hospital or doctor's office where injured was taken:** Complete name of hospital or doctor that the individual was treated by.

13. **Was first aid equipment available at tramway area?:** If no explain.

This form is to be signed by the preparer of the report and should be legible.

## Application for Tramway Registration (Renewal of Registration Certificate)

1. **Name of Area:** Complete name of ski area - DO NOT use the corporation name.

**Town or City:** The town or city where the lift is located.

2. **Manager or Responsible Official, Address, Telephone:** Complete name, address, and telephone number of the person responsible for the operation of the area.

3. **Tramway Name and Type:** The area name for the lift (i.e. Blue Lift, Little Spruce) and type of lift (i.e. Single Chair, Double Chair, Gondola)

a. **Vermont State Tramway Number:** Four digit number assigned by the Tramway Division to the lift (if there are any questions about this number please contact the Division office).

**Length of lift (ft.):** This is the length between the center lines of the bull wheels.

b. **Did this tramway operate during the past season:** Yes or no, if no please explain.

Winter? Summer? Please check the appropriate box, if both check both boxes.

4. **Did any accidents occur on this tramway during the previous registration year involving mechanical/electrical failure and/or personal injury:** Yes or no.

**Give dates:** Please give at least the last 5 incident dates that occurred on this lift.

**Were said accidents reported to the Labor & Industry Department?:** If no please explain why not.

5. **Have all Orders or Recommendations of the State Inspector regarding this lift been complied with to date?:** If no please explain.

6. **Any changes in length?:** Yes or no.

Explain: If yes explain modifications or changes.

7. **Have any other changes been made in the tramway since the end of the previous season?**  
If yes, explain the changes fully in written detail and provide the date of the final inspection by the Passenger Tramway Technician.

**Owner:** Please type the name of the corporation that owns the area.

**By:** Please have the responsible individual sign the forms and provide their title.

## **Northern**

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## **Central**

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## **Southern**

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## **Main Office**

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Passenger Tramway Division  
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If your inspector is unavailable in an emergency please contact any other inspector, the main office, and also leave a message on your inspector's answering machine. During long absences your inspector will notify you who will be covering for him.