

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, PO Box 488, Montpelier, VT 05601-0488 within 72 hours from the time of the incident. When severe injury or injuries occur the Department must be called promptly.

1. Name of Ski Area: _____ Tramway Number: _____
 Name of Lift _____
 Address: _____
 Date of Incident: _____ Time: _____
2. Exact Location (Fix location precisely): _____
3. Person Injured or Killed:
 Name: _____
 Age: _____ Sex: Male Female State of Residence: _____
 Contact Info (Phone or e-mail address): _____

4. Weather Conditions/Visibility <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	Ramp Conditions <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	Uphill Track Conditions Surface lifts only <input type="checkbox"/> Ice <input type="checkbox"/> Bare Spots <input type="checkbox"/> Bumps <input type="checkbox"/> Smooth	Wind Direction: <input type="checkbox"/> Strong <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> None
--	---	--	--

5. Names and station of lift attendants/operators assigned to passenger tramway at time of incident:
 1. _____
 2. _____
 3. _____

6. Detailed description of the incident:

7. Names and addresses of known witnesses; both employees and public.
 1. _____
 2. _____
 3. _____

8. Is tramway inspected and accepted for public use? Yes No. Date: _____
 Vermont inspector who last inspected passenger tramway: _____

9. If mechanical incident, is a wire rope inspection required? Yes No
 After incident wire rope inspected by: _____ Date: _____

10. Was injured person treated at scene of accident: Yes No

11. Was injured person transported to a clinic, hospital, etc. If so, state method and by whom.

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

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

14. Was lift closed to the public? Yes No Shutdown Time: _____ Restart Time: _____

15. Was lift evacuation required? Yes No Done by: Ski Patrol Auxiliary Motor Electric Motor
 Total time required for evacuation: _____

Signature: _____ Date: _____

Please send a signed and dated copy to the Department of Labor, Passenger Tramway, PO Box 488, Montpelier, VT 05601-0488