

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, 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: _____
 Address: _____
 Date of Incident: _____ Time: _____
2. Exact Location (Fix location precisely): _____
3. Person 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 who 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: _____