



Passenger Ropeway / Ski Lift  
Incident Reporting Form  
as required by O.Reg 209/01

<b>TYPE - LOCATION - SHUTDOWN</b>	<b>In case of death, serious injury or immediate hazard call:</b>		<b>877-682-8772</b>		<b>Email: <a href="mailto:ski-incident@tssa.org">ski-incident@tssa.org</a></b>		<b>PASSENGER ROPEWAY Installation Number</b>		
					☒ = Shut Down ☎ = Call				
<b>INCIDENT DETAILS</b>	<b>Occurrence Type</b>		<input type="checkbox"/> death s36.(1) ☎☎ <input type="checkbox"/> injury with medical attention s36.(1) ☎☎ <input type="checkbox"/> injury without medical attention s36.(2) <input type="checkbox"/> equipment-property damage s36.(2) <input type="checkbox"/> equipment in a hazardous condition s36.(4,5) ☎☎ <input type="checkbox"/> fire, flood, lightning strike s36.(3) ☎☎ <input type="checkbox"/> voluntary reporting of an instance of elevated exposure to risk (No Injury and not covered in s36.(1) through s36.(5))						
	<b>Device Type</b>		<input type="checkbox"/> above surface lift <input type="checkbox"/> surface lift <input type="checkbox"/> conveyor <input type="checkbox"/> secondary carrier (tube tow) <input type="checkbox"/> Other, Specify:						
		<b>Location / Address of the Ski Lift</b>				<b>Occurrence Date</b>		<b>Occurrence Time</b>	
		<b>Note: If the incident type is 36.(1), (3), (4) or (5), the device shall not to be returned to service until:</b> <input type="checkbox"/> Cause identified, <u>and</u> <input type="checkbox"/> Safety of the device is restored, <u>and</u> <input type="checkbox"/> Inspector gave permission to return to service or <input type="checkbox"/> <b>Returned to service per the Incident Reporting provision 214/09 s5. See completed attestation report attached.</b>							
		<b>Describe the incident in detail and cause if known:</b> (in loading/unloading area, near tower #, struck, fall from height, etc.)							
		<b>What actions were taken to secure the scene and make the site safe by the owner or contractors (if any)?</b>							
		<b>Describe actions taken (if any) by the owner or contractor to prevent or reduce the chance of a reoccurrence.</b>							
<b>PERSONS</b>	<b>Injured Person or N/A</b> (use one form per each injured person) N/A <input type="checkbox"/>								
	<b>Name:</b>		<b>Address:</b>				<b>Telephone No:</b>		
	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Age:</b>						
			<b>Describe injuries and medical / hospital help received (use additional sheet if required)</b>						
		<b>Witness – if any witness to the incident</b>							
		<b>Name:</b>		<b>Address:</b>			<b>Telephone No:</b>		
		1.							
		2.							
<b>Reported by:</b>		<input type="checkbox"/> Owner			<input type="checkbox"/> Contractor			<input type="checkbox"/> Other:	
<b>Completed by:</b>		<b>Name</b>				<b>Date:</b>			
						<b>Telephone:</b>			
		<b>Position</b>				<b>Fax:</b>			
						<b>Email:</b>			



**INSTALLATION NUMBER IS MANDATORY**



Attestation for Return to Service (if other than death)		
<b>Note: ALL items MUST apply before returning a device to service prior to receiving inspector permission.</b>		
<input type="checkbox"/> Incident was investigated by a Ski Lift Mechanic or Professional Engineer (Note: not SLM-T)		5.b) i)
<input type="checkbox"/> The incident was not a result of electrical or mechanical issues with the lift		5.b) ii)
<input type="checkbox"/> Operators at this device are competent in their load / unload / passenger assist duties		5.b) iii)
<input type="checkbox"/> Above Surface: Incident due to rider failure to load or unload in the loading / unloading area		5.b) iv)
<input type="checkbox"/> Above Surface: Incident did not involve a fall from chair greater than 3m in height (9.8 feet)		5.b) iv)
<input type="checkbox"/> Above Surface: No contact any fences, railings or structures in the loading / unloading area		5.b) iv)
<input type="checkbox"/> Surface Lift: Incident solely due to rider fall		5.b) iv)
<input type="checkbox"/> The incident was reported to the Director by telephone. This report was sent within 24hrs.		5.b) v)
Mechanic / Engineer Name:	Mechanic SLM #	Phone:

### INSTRUCTIONS TO THE PASSENGER ROPEWAY / SKI LIFT INCIDENT REPORTING FORM

The following instructions are provided for information only. For complete regulatory reporting requirements, refer to the *Technical Standards & Safety Act, 2000* and Ontario Regulation 209/01 (Elevating Devices) and Director's Guideline ED-214/09 available at <http://www.tssa.org/regulated/ski/skiSafety.asp?loc3=adob>. Reporting forms can be obtained at <http://www.tssa.org/report.asp>

**TYPE – LOCATION - SHUTDOWN:** Identify the device *Installation Number*, the *Occurrence Type* (see table below), the *device type, address*, occurrence *time* and *date*. Acknowledge the shutdown / return to service criteria.

**INCIDENT DETAILS:** Provide as much detail as possible to describe the incident / event and actions taken after the incident.

**PERSONS:** Provide details related to persons; injured, any witnesses to the event, and information about the person completing this report.

**FAQ's:**

- a) Is reporting of incidents mandatory? Yes, required by the *Technical Standards & Safety Act, 2000* and section 36 of the *Ontario Regulations 209/01*. Section 37(1) of the Act specifies fines for failure to report an incident.
- b) Is the use of this form mandatory? Yes.
- c) Are owners and contractors required to report? Yes. See table below.

Summary of Reporting Requirements			
Reg ref.	Occurrence Type	Notification	Written Reports
s36.(1)	Death	Owner must notify the Director immediately	The contractor shall submit a written report to the Director within 24 hours of becoming aware of the incident
	Injury requiring services of a medical practitioner		
s36.(2)	Injury other than 36.(1) or property damage	Owner and Contractor must notify the Director within 24 hours of becoming aware	The Owner and the Contractor shall submit a written reports to the Director within 7 days of becoming aware
s36.(3)	Equipment exposure to harmful events impacting safe operation		
s36.(4)	Mechanic finds equipment in a condition that constitutes an immediate hazard	The mechanic must notify the Owner or Contractor immediately	The licence holder shall submit a written report to the Director within 7 days of the finding
s36.(5)	Licence holder finds or becomes aware of equipment in a condition that constitutes an immediate hazard	The licence holder must notify the Director within 24 hours of the finding	The licence holder shall submit a written report to the Director within 7 days of the finding

- d) **What is voluntary reporting of an instance of elevated exposure to risk?** If a device is in condition that does NOT constitute an immediate hazard, but the condition poses an **"elevated exposure to risk"** to the public, voluntary reporting provides additional data that can aid in better risk informed decision making by the Director, the elevating devices safety program and TSSA's industry councils.