DIRECTOR’S SAFETY ORDER

February 24, 2003

Subject: Actions and Reporting of Detachments on "Tube Tows" - Secondary Carriers
Sent to: ALL TUBE TOW Owners / Operators

1. ORDER

1.1 The tow path, crossfall and containment barriers along the crossfall shall be maintained to comply with Clauses 8.2.4 and 8.2.5 of the CSA-Z98-01 Passenger Ropeways Standard.

1.2 The time and date of grooming the tow path, crossfall and containment zone shall be recorded in the log book.

1.3 Where an occurrence occurs in connection with a ropeway for secondary carriers (commonly known as “tube tows”) that results in an inadvertent detachment of a secondary carrier (commonly known as “tube”), the owner shall within 24 hours:
   (a) fax a completed copy of the **Tube Tow Detachment Report** (attached)
   (b) fax a completed copy of the **Ski Lift/Passenger Ropeway Accident /Incident Report** (attached)

1.4 In addition to the requirements of 1.3, when the inadvertent detachment of a carrier (tube):
   (a) collides with ‘following’ carriers (tubes);
   (b) fails to enter and/or stop safely in containment zone;
   (c) collides with obstruction; or
   (d) causes injury (minor or major)

then the owner / operator must immediately,

- notify the director by telephone. [416 325-1125, or after hours 416 325-3000]
- the ropeway (tube tow) must be removed from service and Section 36 of Ontario Regulation 209/01 shall apply.
- fax a completed copy of the **Tube Tow Detachment Report** (attached)
- fax a completed copy of the **Ski Lift/Passenger Ropeway Accident /Incident Report** (attached)

Section 36 sets out the requirements for notifying the Director of accidents/incidents and requires that; the elevating device (passenger ropeway) remain out of service, the site is not to be disturbed, an investigation be initiated requiring permission by an inspector before restarting the ropeway.
2. BACKGROUND

Over the last few weeks several inadvertent detachments on tube tows coupled with tow path, crossfall grade and/or containment issues have caused either serious injuries or potential for such injuries.

The intention of this Directors Safety Order is to:

- alert Owners of Tube Tows, about the hazard associated with inadvertent detachments
- ensure appropriate steps are taken to eliminate those factors which may contribute to detachments
- eliminate the hazards that can cause injuries.
- The data collected will assist TSSA and the industry to complete a full risk analysis and to take appropriate corrective action.

In addition to this Director’s Safety Order, TSSA intends to complete an on site inspection of each “tube tow” in the very near future.

This order is being made pursuant to the Technical Standards and Safety Act. Failure to comply with this order is an offence punishable upon conviction, to a fine of not more than $50,000, or imprisonment for a term of not more than one year or both, or if the person is a body corporate to a fine of not more than $1,000,000.

______________________________
Ted Dance, Director, TSS Act 2000, (Elevating Devices)
Installation Number | Date

a) The inadvertent detachment occurred during [ ] Starting [ ] Stopping [ ] Running of the ropeway.

b) Did the inadvertent detachment occur due to improper condition of the tow path?
   (i) If yes, describe the tow path condition. ________________________________

   (ii) If no, explain why detachment occurred. ________________________________

c) Did the inadvertently detached tube collided with any ‘following’ secondary carrier(s) (tubes)?
   (i) If yes, how many carriers became detached as a result of collision? ________________

   (ii) If yes, describe the condition of the crossfall along the tow path. ________________

d) Specify the location of the inadvertent detachment between the loading and unloading zones?
   [ ] close to loading, [ ] 1/4 [ ] 1/2 or [ ] 3/4 ways up the hill, [ ] near the unloading zone.

e) Did the inadvertently detached carrier fail to enter and/or stop safely in the containment zone?
   (i) If the carrier failed to enter the containment zone, describe the condition of the crossfall along the tow path. ________________

   (ii) If the carrier entered the containment zone, explain why the detached tube failed to stop safely in the containment zone. ________________

f) Did the inadvertently detached carrier come in contact with any obstruction? If yes describe the obstructions. ________________________________

g) Are the carriers (tubes) that are being used on the ropeway, supplied and/or recommended for use by the manufacturer/designer of the ropeway? ________________________________

h) What was the weight and height of the passenger. ________________________________

i) Describe how the grip, used to haul the tube tow up the hill, is detached / released in the unloading zone. ________________________________

   [ ] Manually detached [ ] Automatically detached

j) If the inadvertent detachment was the result of Equipment Failure, describe the nature of the failure. ________________________________

k) Describe the Weather and Snow Conditions. (temperature, Snow: wet / ice / fast / slow, freezing rain, etc.) ________________________________
**Owner's Report of an Accident/Incident**

Check applicable box(es). See guidelines on reverse side for definitions (1), (2) etc.

<table>
<thead>
<tr>
<th>Occurrence Date</th>
<th>Time</th>
<th>Location/Address of the Ski Lift/Passenger Ropeway</th>
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**IF INJURY: Injured Person** (use one form per each injured person or attach list)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone Number</th>
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**Witness – If any witnesses to accident or incident**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone Number</th>
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**Describe Injuries And Medical/Hospital Help Received (Use Additional Sheet If required)**

**WITNESS**

**Owner's Name:** ____________________________  **Address:** ____________________________  **Telephone Number:** ____________________________

**Sex** [ ] M [ ] F  **Age**

Did he/she have any obvious disability before this accident [ ] No [ ] Yes (describe): ____________________________

**Location:** [ ] Getting on [ ] Getting off [ ] When riding [ ] Not known [ ] Other (describe): ____________________________

Describe actions taken (if any) by the owner to prevent or reduce the chance of a reoccurrence on this passenger ropeway:

**Name & Position:** ____________________________  **Date:** ____________________________

**Signature:** ____________________________  **Phone No.:** ____________________________  **Fax No.:** ____________________________

Updated: Feb. 21/03  Page 1  Rev. 2  
 Def. Ref. No. 01-02-7927  
 **FOR OFFICE USE ONLY:**

Occurrence #

Data Entry by: ____________________________

**FOR OFFICE USE ONLY:**

**Occurrence Date**

**Time** ____________________________

**Location/Address of the Ski Lift/Passenger Ropeway**

**Accident (3) On a Passenger Ropeway**

**Incident (4) Tube Tow**

**MAIL ELEVATING DEVICES**

3300 Bloor St. W. 3rd fl.

Toronto, ON  M8X 2X4

Fax: 416-325-4320

Owner's Name: ____________________________

**Owner's Report of an Accident/Incident**

**INSTALLATION # IS MANDATORY**

**FOR OFFICE USE ONLY:**

**Occurrence Date**

**Time** ____________________________

**Location/Address of the Ski Lift/Passenger Ropeway**

**Accident (3) On a Passenger Ropeway**

**Incident (4) Tube Tow**

**MAIL ELEVATING DEVICES**

3300 Bloor St. W. 3rd fl.

Toronto, ON  M8X 2X4

Fax: 416-325-4320

Owner's Name: ____________________________

**Owner's Report of an Accident/Incident**

**INSTALLATION # IS MANDATORY**
GUIDELINES TO THE SKI LIFT/PASSENGER ROPEWAY ACCIDENT/INCIDENT REPORT FORM

The following guidelines are provided for information only. For complete instructions, refer to the Technical Standards & Safety Act, 2000 and Ontario Regulation 209/01 Elevating Devices.

a) Is reporting of accidents/incidents mandatory?

Yes, required by the Technical Standards & Safety Act, 2000 and section 36 of the Ontario Regulations 209/01. The Act specifies fines for failure to report any accident or incident.

b) Is the use of this form mandatory?

No, you may use your own reporting format, provided that you submit all data required in this form and the installation number of the device is specified.

c) Owners and Contractors are required to report:

Immediately

(i) Accident resulting in a death
(ii) Accident resulting in serious injury

Within 24 Hours by Phone

(i) Any type of de-ropement on an above surface lift whether it resulted in a personal injury or not.
(ii) Any critical component failure either mechanical or electrical that makes the device a potential safety hazard or may cause injury to a person.
(iii) All fires pertaining to the ski lift/passenger ropeway.
(iv) Accidents resulting in minor injuries such as bruises, or minor cuts, which require medical or first aid attention.
(v) Malfunction or failure of a safety related component, which makes the device potentially dangerous or could cause injury should persons be involved.

Definitions of terms used in the form

1. “OWNER” includes the person in charge of an elevating device as owner, licensee, agent, etc.

2. “CONTRACTOR” is a person/company who performs maintenance of the elevating device. If the “owner” is own “Contractor”, one report should be submitted with both boxes checked.

3. “ACCIDENT” is an occurrence initiated by or related to the operation of an elevating device involving person(s) who, as a result, suffer a degree of injury or upset.

4. “INCIDENT” is an occurrence of a safety hazard (6) on an elevating device, that could cause injuries to persons should they be involved. It also includes fire and failure of specific safety related components.

5. “INSTALLATION NUMBER” is the Ontario elevating device installation number shown on the metal plate that is permanently attached to the elevating device; e.g. inside the elevator car. It is also shown on the License issued.

6. “SAFETY HAZARD” - a situation that could cause injury or death, e.g. by falling from a height, tripping over an obstruction, or by having a body part crushed or sheared, or by being exposed to fire, electric shock etc.

7. ‘SERIOUS INJURY” – An injury in which an individual is admitted to hospital for treatment. Such injuries include burns, fractures, head injuries (concussion), internal injuries and shocks.