



**Amusement Devices
Incident Reporting Form**
as required by O.Reg 221/01

TYPE - LOCATION - SHUTDOWN	In case of death, serious injury or immediate hazard call:		877-682-8772		Email: ad-incident@tssa.org		AMUSEMENT DEVICE Installation Number		
			☒ = Shut Down ☎ = Call						
INCIDENT DETAILS	Occurrence Type		<input type="checkbox"/> death s17.(1) ☒☎ <input type="checkbox"/> injury with medical attention s17.(1) ☒☎ <input type="checkbox"/> injury without medical attention s17.(2) <input type="checkbox"/> equipment-property damage s17.(2) <input type="checkbox"/> equipment in a hazardous condition s17.(4,5) ☒☎ <input type="checkbox"/> fire, impact, lightning strike s17.(3) ☒☎ <input type="checkbox"/> voluntary reporting of an instance of elevated exposure to risk (No Injury and not covered in s17.(1) through s17.(5))						
	Device Type		<input type="checkbox"/> Go-Kart <input type="checkbox"/> Water Slide <input type="checkbox"/> Bungee <input type="checkbox"/> Zip Line <input type="checkbox"/> Inflatable Bounce <input type="checkbox"/> Roller Coaster Other (specify):						
Ride Name		Location / Address of the Amusement Device Incident			Occurrence Date		Occurrence Time		
Note: If the incident type is 17.(1), (3), (4) or (5), the device shall not to be returned to service until: <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"/> Returned to service per the Incident Reporting provision 531/09 s5. See completed attestation report attached.									
Describe the incident in detail and cause if known:									
What actions were taken to secure the scene and make the site safe by the owner or contractors (if any)?									
Describe actions taken (if any) by the owner or contractor to prevent or reduce the chance of a reoccurrence.									
PERSONS	Injured Person or N/A (use one form per each injured person) N/A <input type="checkbox"/>								
	Name:		Address:			Telephone No:			
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age:						
	Describe injuries and medical / hospital help received (use additional sheet if required)								
	Witness – if any witness to the incident								
	Name:		Address:			Telephone No:			
1.									
2.									
Reported by:		<input type="checkbox"/> Owner		<input type="checkbox"/> Contractor		<input type="checkbox"/> Other:			
Completed by:	Name				Date:				
	Position				Telephone:				
					Fax:				
					Email:				



INSTALLATION NUMBER IS MANDATORY



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Attestation for Return to Service (if other than <i>Critical Injury</i> defined by OHS Act O.Reg 834)		
Note: ALL items MUST apply before returning a device to service		
<input type="checkbox"/> Incident was investigated by a TSSA certified amusement Device Mechanic or Ontario Licensed Professional Engineer	5.b) i)	
<input type="checkbox"/> The incident was not a result of an electrical or mechanical failure or deficiency of the device	5.b) ii)	
<input type="checkbox"/> Operators at this device are competent in their load / unload / patron assist duties and the incident was not as a result of operator error	5.b) iii)	
<input type="checkbox"/> The incident and return to service was reported immediately to the Director by telephone. (877-682-8772)	5.b) iv)	
<input type="checkbox"/> This report will be sent within 24hrs.	5.b) iv)	
<input type="checkbox"/> The injury is less severe than <i>Critical Injury</i> as define by Occupational Health and Safety Act	5.b) v)	
Mechanic / Engineer Name:	Mechanic ADM #	Phone:

INSTRUCTIONS TO THE AMUSEMENT DEVICES 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 221/01 (Amusement Devices) and Director's Guideline ED-531/09 available at <http://www.tssa.org/regulated/amusement/amusementSafety.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	Occurrence Type	Notification	Written Reports	Device Status
s17.(1)	Death	Licence holder must notify the Director immediately	The licence holder shall submit a written report to the Director within 24 hours of becoming aware of the incident	Shut Down until 17.(7) fulfilled. See also incident reporting guideline 531/09-r1 provision 5.
	Injury requiring services of a medical practitioner			
s17.(2)	Injury other than 17.(1) or property damage	Licence holder must notify the Director within 24 hours of becoming aware	The licence holder shall submit a written reports to the Director within 7 days of becoming aware	Return to Service per License holders standard operating procedures
s17.(3)	Equipment exposure to harmful events impacting safe operation			
s17.(4)	Mechanic finds equipment in a condition that constitutes an immediate hazard	The mechanic must notify the licence holder immediately	The licence holder shall submit a written report to the Director within 7 days of the finding	Shut Down until 17.(7) fulfilled.
s17.(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	

17.(7) No person shall return an amusement device referred to in subsection 17.(1), 17.(3), 17.(4) or 17.(5) to service until the cause of the incident, occurrence or condition is identified, the safety of the device restored and an inspector gives permission to return the device to service.

- 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 amusement devices safety program and TSSA's industry councils.