



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

In case of death, serious injury or immediate hazard call:		Call 877-682-8772 <small>(menu option 1)</small>		Email: ski-incident@tssa.org ⊗ = Shut Down ☎ = Call 📄 = Report		PASSENGER ROPEWAY Installation Number						
INJURY & Location on Lift	INJURY	Death	Category 1 Critical	Category 2 Non-critical	Category 3 Non-critical	Property Damage	36.(3) <small>Fire, flood, lightning</small>	36.(4)	36.(5) <small>Hazardous Condition</small>			
	LOCATION											
	Anywhere on the lift	<input type="checkbox"/> ⊗! ☎! 📄 24h	<input type="checkbox"/> ⊗! ☎! 📄 24h			<input type="checkbox"/> ☎ 24h 📄 7d	<input type="checkbox"/> ⊗! ☎ 24h 📄 7d	<input type="checkbox"/>	<input type="checkbox"/> ⊗! ☎! 📄 7d	<input type="checkbox"/>	<input type="checkbox"/> ⊗! ☎! 📄 7d	
	In Load/Unload Zone			<input type="checkbox"/> ☎ 24h 📄 7d	<input type="checkbox"/>	<input type="checkbox"/> ☎ 24h 📄 7d						
Between Load / Unload Zone Fall or Unseated			<input type="checkbox"/> ⊗! ☎! 📄 24h	<input type="checkbox"/>	<input type="checkbox"/> ⊗! ☎! 📄 24h							
LOCATION DETAILS	Device Type <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:											
	Location / Address of the Ski Lift						Occurrence Date			Occurrence Time		
	Note: If the incident type is 36.(1), (3), (4) or (5), the device shall not to be returned to service until:											
	<input type="checkbox"/> Cause identified, and <input type="checkbox"/> Safety of the device is restored, and <input type="checkbox"/> Inspector gave permission to return to service											
INCIDENT DETAILS	Describe the incident in detail and cause if known: (in loading/unloading area, near tower #, struck, fall from height, etc.)											
	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:		Position			Email:			Telephone:				



INSTALLATION NUMBER IS MANDATORY

Table of Operational and Reporting Requirements based on Incident Type

For the purpose of administering the requirements of O.Reg 209/01 s.36 **Incidents** as they relate to passenger ropeways, the following table reflects the provisions of incident reporting guideline ED-214/09-r2.

Reg.	Incident / Injury	Location	Operation	Notification to Director	Written Report
36.(1)	Death	Anywhere on lift	Shut Down ☒!	Immediately by owner s.36.(1)(a) ☒!	Maintaining contractor within 24 hrs s.36.(1)(b) ☒24h
	Category 1 Injury (critical)				
36.(2) as 36.(1)	Category 2 Injury (non-critical)	Between the Zone	After site is safe* and/or injured person rescued. Do not disturb scene. Operation only by inspector permission, after issue identified and device safety restored s.36.(7) & s.36.(8)		
	Category 3 Injury[†] (†fall from chair, non-critical) or Unseated Patron Incident				
36.(1) as 36.(2)	Category 2 Injury (non-critical)	In the Zone	No shut down. Lift restart permitted	Owner and Maintaining contractor within 24 hours of being aware s.36.(2)(a) s.36.(3)(a) ☒24h	Owner and Maintaining contractor within 7 days of being aware s.36.(2)(b) s.36.(3)(b) ☒7d
36.(2)	Category 3 Injury (non-critical)				
	Property damage	Anywhere on lift			
36.(3)	Equipment exposure to harmful events impacting safe operation		Shut Down ☒!	Same as above	Same as above
36.(4)	Mechanic finds equipment in a condition that constitutes an immediate hazard		After site is safe*. Do not disturb scene. Operation only by inspector permission, after issue identified and device safety restored s.36.(7) & s.36.(8)	The mechanic must notify the Owner or Maintaining Contractor immediately ☒!	
36.(5)	Licence holder finds or becomes aware of equipment in a condition that constitutes an immediate hazard			Owner within 24 hours of being aware s.36.(5)(b) ☒24h	Owner within 7 days of being aware s.36.(5)(c) ☒7d

☒ = Shut Down ☒ = Call ☒ = Report ! = immediately, 24h = 24hour, 7d = 7days * = permits lift evacuation

Category 1, 2, and 3 Injury Summary Table

Injury Category	Critical or Non-Critical	Requires service of a medical practitioner
Category 1 Injury	Critical	Yes
	(a) places life in jeopardy	
	(b) produces unconsciousness	
	(c) results in a substantial loss of blood	
	(d) involves a fracture of an arm, leg, collar bone, hip or vertebrae	
(e) requires the use of a spinal back board for a head or vertebrae injury		
Category 2 Injury	Non-critical	Yes
Category 3 Injury	Non-critical	No

Note: At all times, license holders, operators and mechanics are expected to use their best judgment when deciding whether or not an injury should be deemed Category 1, 2 or 3. The standard imposed will be one of a "reasonable person" based on the information available at the time the report is made.