



Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety & Inspections 1

Federal Street – Suite 0600 – Boston – MA 02110-2012

TRAMWAY ACCIDENT REPORT

This detailed incident report shall be sent to the Recreational Tramway Board (RTB) @ the address listed above within 4 days from the date of the incident for all *Reportable Incidents**. All incidents involving Serious Injury** or Fatality must be reported to the RTB and the State Police @ (508) 820-1444 immediately.

NAME OF SKI AREA:	DATE OF ACCIDENT: TIME OF ACCIDENT:
ADDRESS:	DATE OF REPORT:
NAME & TITLE OF PERSON FILLING OUT THIS REPORT:	

TYPE OF ACCIDENT (CHECK <input checked="" type="checkbox"/> ONE OR MORE)			
PERSONAL INJURY : PUBLIC () SKI AREA EMPLOYEE ()			
TRAMWAY MECHANICAL FAILURE ()		TRAMWAY ELECTRICAL FAILURE ()	
USE WHEN ACCIDENT OCCURRED:	SKIING ()	FOOT PASSENGER ()	MAINTENANCE ()
MASS LIFT REGISTRATION NO.		MANUFACTURER:	
DATE INSTALLED:		LIFT OPERATING: YES () NO ()	

NAME OF INJURED:	INJURY TYPE: (bruise, fracture, sprain, concussion, etc.)
ADDRESS OF INJURED:	
DATE OF BIRTH OF INJURED:	PHONE NUMBER OF INJURED: ()

NAME OF EMPLOYEES ON DUTY AT TIME OF ACCIDENT		
LIFT OPERATOR:	TOP ATTENDANT:	
BASE ATTENDANT:	MID-STATION ATTENDANT:	
WITNESSES		
NAME:	ADDRESS:	DOB
NAME	ADDRESS:	DOB
NAME:	ADDRESS:	DOB

WEATHER CONDITIONS		VISIBILITY		SNOW CONDITIONS	WIND
CLEAR ()	SLEET ()	GOOD ()	DARK ()	GOOD ()	STRONG () LIGHT ()
FOG ()	SNOW ()	FAIR ()	LIGHT ()	FAIR ()	MODERATE ()
RAIN ()	TEMP °F	POOR ()		POOR ()	NONE ()

TYPE OF TRAMWAY			
CHAIRLIFT DOUBLE ()	DETACHABLE QUAD ()	PLATTERPULL ()	FIBER ROPE TOW ()
CHAIRLIFT TRIPLE ()	T-BAR ()	DETACHABLE-SIX ()	TUBING TOW ()
CHAIRLIFT QUAD ()	J-BAR ()	WIRE ROPE TOW ()	CAROUSEL ()

DESCRIBE THE INCIDENT: STRUCK BY OR AGAINST; FALL; CAUGHT IN, ON OR BETWEEN:

LOCATION:
SPECIFIC TRAMWAY OR TOW DEVICE; LOADING OR UNLOADING; LOCATION ON LIFT LINE:

EQUIPMENT FAILURE - (MECHANICAL / ELECTRICAL)
DESCRIBE EVENTS THAT PRECEDED FAILURE: <p>_____</p> <p>_____</p>
WHAT FAILED OR WAS DAMAGED: <p>_____</p>
WHAT NEEDS TO BE REPLACED OR REPAIRED: <p>_____</p>
DESCRIBE ANY TEMPORARY REPAIRS: <p>_____</p> <p>_____</p> <p>_____</p>

*** Reportable Incident.** Any incident involving a tramway in which a person sustains an Injury; any unintentional deropement of a Tramway (*except for tows and conveyors*); any unplanned evacuation of a tramway (*except for surface lifts, tows and conveyors*) other than by prime mover or auxiliary power unit; any fire involving tramway equipment or structures; failure of any electrical or mechanical component which results in the loss of control of the tramway, including tramway will not slow down or stop when given the command to do so; tramway accelerates faster than normal design acceleration; tramway reverses direction unintentionally, self-starts or self-accelerates without the command to do so.

**** Serious Injury.** A personal injury that results in dismemberment, significant disfigurement, a life threatening injury, or death.

SIGNATURE OF AREA OWNER / OPERATOR _____ **DATE:** _____