

# LIFT INCIDENT REPORT

INJURED'S NAME: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

LIFT INVOLVED: \_\_\_\_\_ ? TOP ? BOTTOM ? ON-LINE \_\_\_\_\_

TOP ATTENDANT(S): \_\_\_\_\_ BOTTOM ATTENDANT(S): \_\_\_\_\_

PRECIPITATION?: \_\_\_\_\_ VISIBILITY: \_\_\_\_\_ WIND: \_\_\_\_\_ M.P.H.

TEMP. \_\_\_\_\_ °F INJURED'S POSITION IN CHAIR?: L LC RC R

NAMES OF OTHER PASSENGERS: \_\_\_\_\_

RAMP CONDITIONS (SURFACE, ETC.): \_\_\_\_\_

WHEN LAST MAINTAINED: \_\_\_\_\_ AM/PM BY WHOM?: \_\_\_\_\_

POSITION OF CHAIR/CONES/MARKERS/SIGNS,  
ETC.: \_\_\_\_\_

TYPE OF STOP USED?: ? SERVICE ? E-BRAKE ? STOP GATE ? SLOWED

MEASURED LIFT STOPPING DISTANCE: \_\_\_\_\_ CHAIR NUMBER: \_\_\_\_\_

CONDITION OF CHAIR: \_\_\_\_\_

CHAIR HEIGHT: \_\_\_\_\_ IN. LIFT SPEED: \_\_\_\_\_ F.P.M. PERCENTAGE OF LINE LOADED (ESTIMATE): \_\_\_\_\_ %

SIGNS IN PLACE/VISIBLE?: \_\_\_\_\_

NAME OF SUPERVISOR NOTIFIED: \_\_\_\_\_ WHEN: \_\_\_\_\_

TIME ON SCENE: \_\_\_\_\_ AM/PM

SKI PATROL NOTIFIED?: \_\_\_\_\_ WHEN: \_\_\_\_\_ AM/PM WHOM?: \_\_\_\_\_

OTHER EMPLOYEES ON SCENE?: \_\_\_\_\_ WHOM?: \_\_\_\_\_

DESCRIBE WHAT HAPPENED: (**USE "ADDITIONAL COMMENTS" FORM IF NEEDED**) \_\_\_\_\_

OPERATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_